

1998

# A phenomenological perspective of client aggression and violence on community living support workers.

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**A PHENOMENOLOGICAL PERSPECTIVE OF CLIENT  
AGGRESSION AND VIOLENCE ON COMMUNITY LIVING SUPPORT WORKERS**

by

Brian R. Cogliati

A Thesis

Submitted to the Faculty of Graduate Studies and Research  
through the Department of Sociology and Anthropology  
in Partial Fulfillment of the Requirements for  
the Degree of Master of Arts at the  
University of Windsor

Windsor, Ontario, Canada

1998

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## **ABSTRACT**

In the past few decades, developmentally challenged people have been placed in residential and community homes due to the process of deinstitutionalization. Community living support employees who work in these homes must contend with individuals with certain behavioural problems. The present study employed a phenomenological perspective of client aggression and violence towards community living support workers in a human service agency. The methodology consisted of in-depth, face to face, interviews employing open-ended questions with sixteen, male and female, front-line support workers in Essex County. During the interviews, respondents expressed, in their own views, their definitions of violence, their perceptions on the impacts of violence, their perceptions about the support that they receive from the managers and directors and their coping strategies. Support workers discussed the importance of coping strategies such as social support networks, humour, substance use, fatalism, absenteeism, and quitting to deal with their problems. In addition, interviewees cited certain factors they believed were responsible for the violence and their perceptions of ways to reduce work place violence. The reasons that employees continue to work with violent and aggressive clients are also discussed.

## DEDICATION

To my wife and best friend Gail, whose love, support, patience and encouragement have kept me sane throughout these trying years. Even in the most difficult times you had the stamina to push me toward the goal. I couldn't have done it without you. I love you.

To my children, Kim and Jeff. Your understanding, love and caring have helped me to get through this special time in my life. Both of you were always more important to me than this thesis. I love you and will always be there for you.

To my mother. Thank you for instilling in me principles such as honesty, commitment and conviction. For without these, I could not have endured the journey. You are, and always will be, in my heart.

To my father and father-in-law. While both men are now with our heavenly Father I wish to thank you for listening to my prayers. It helped sustain me in my times of difficulty.

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## CHAPTER 1

### INTRODUCTION

While the term "health care worker" usually conjures up an image of a woman in a white nursing uniform the health care industry also employs a large number of people, both men and women, who work outside of the hospital setting. The process of deinstitutionalization has resulted in a new breed of health care worker. This group includes non-professionals who work in the community with the mentally and physically disabled. These individuals are called community living support workers. Support workers, unlike professionals, only need one year of post-secondary study in human services and/or have equivalent education and experience in the field. The majority of community living workers are employed part-time, may work on an on-call basis and are often poorly paid earning anywhere between \$10.26 and \$15.60 per hour. Their duties include: ensuring the health, safety and comfort of people they support, providing opportunities for enriched life experiences, promoting independence and community integration and monitoring control of a client's medication and resources (Collective Agreement, 1996).

The present study examines how workers define violence, how they perceive and explain the impact of violence on their work and personal lives and how they respond to violence. This research is significant because, while most

studies have addressed work place violence and aggression in professional areas such as nursing (Dunn and Ritter, 1995: 39; Vachon, 1987: 53) and social work, few studies (if any) have addressed these issues with credentialed as well as non-credentialed support workers in a non-institutionalized setting. Second, understanding violence and aggression from the perspective of the workers may reveal problems in the work place that could be rectified through policy changes by the associations' boards of directors. This could result in improved care for the clients the workers serve. Third, identifying stressors in the work place may lead to a more cooperative relationship between management and the union with regard to employee needs and wants in the worker-client relationship. Finally, since this information will be made public, other health-care agencies may use the results for the formation of policies and procedures, thereby helping support workers respond and cope with work place violence.

I used a qualitative study in order to question and examine the "life experiences" of community living support workers in their work and personal lives (Creswell, 1994: 12). I will begin this thesis with a brief contemporary and historical analysis of violence and aggression in the health care sector with particular attention to the community residential setting. I will then discuss the importance of utilizing the phenomenological theoretical design supported by information located in the literature review in the



following section. This study will also examine the lack of literature and research on community living support workers ie. how employees perceive and cope with violence and aggression with deinstitutionalized and mentally challenged individuals. Third, logistics of the methodology will be discussed. Finally, data collection and analysis will be discussed detailing the results of the study.

Caring for mentally-delayed individuals can be extremely rewarding and gratifying; the community living support worker, however, can often experience insurmountable levels of work place violence and aggression. In fact, physical, verbal and sexual abuse and violence toward health-care workers in human service agencies occurs everyday (Cembrowicz & Ritter, 1994: 13). It must be stressed, however, that not every client in these areas is violent or even potentially violent. In fact, a good majority of all the clients in the association are docile, compliant and good natured. It was the intention of this study to merely focus on the workers who have been subjected to this small minority of aggressive and violent clients.

Violence and aggression in the work place is so prevalent that it is even classified as an occupational work and safety hazard by the U.S. National Institute for Occupational Safety and Health (NIOSH). NIOSH estimates that during the 1980's, homicide accounted for thirteen percent of the 7,000 work-related deaths; forty-one percent of those

fatalities were women. In Ontario, homicide accounted for approximately four percent of work place fatalities between 1975 and 1985. Women accounted for twenty-seven percent of those traumatic deaths (OPSEU, 1995: 6). Research on posttraumatic stress disorders (PTSD), a disorder which involves disturbed behaviour caused by a major stressful event (Weiten, Lloyd, & Lashley, 1991: 80), also sheds light on victims of violence in the work place. Caldwell (1992) notes that similarities have been found between incidences of PTSD among hospital staff victims and other types of victimization such as street crime and man-made disasters. He also found similarities of victimization between hospital staff and emergency service personnel such as police, fire, and rescue workers (Caldwell, 1992: 838).

Community living support workers at the Essex County Association for Community Living (ECACL) in Ontario also encounter acts of violence and aggression because they are in direct contact with patients who may be angry, confused, dangerous or suffer various disabilities such as autism. For example, from January to July 1997, of the forty-seven (47) work related injuries that occurred at sixteen work sites, nineteen (19) were directly related to violent acts from mentally challenged individuals. Injuries to workers at the association were related to violence at least forty percent (40%) of the time (Personal Communications, C.U.P.E. Local

3137, July 30, 1997).<sup>1</sup>

In Ontario, the Harris government has embarked on a wholesale privatization of public services which is having dramatic consequences for health-care employees. This mentality is a market-first approach versus a patient-first approach in which the health care industry is governed by a free market system (Armstrong, Choiniere, Feldberg & White, 1994: 9-10). In this view, community living support workers especially are unwilling victims of a coercive economic structure of both the state as well as health agency employers (Blum, 1990: 131). Canadian health care workers find themselves caught in a squeeze within a rapidly changing health care system impacting both their work and personal lives due to work place restructuring and staff reductions. Staff cutbacks in health care settings result in victimizations by patients. This is due to too few support workers trying to provide service to too many patients. In many cases, staff members are either working alone or almost in isolation around potentially violent clients (Roberts, 1991: 5).

The term "violence" has been used quite loosely throughout literature. It can take the form of acts of aggression such as hitting, grabbing, kicking, biting, attacking with a weapon or acts of sexual contact with

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<sup>1</sup>

Data collected by C.U.P.E. officials from 1997 compensation claims.

consequences ranging from denial to death (CUPE, 1987: 6). Violence, therefore, is any act of aggression which causes physical or emotional harm ("Violence at Work," 1995). For this study "violence" will also be defined broadly and include behaviours such as physical assault, physical threats, verbal threats, psychological or emotional abuse, sexual harassment and damage to property (Health Canada, 1996: 2). Aggression is a term closely related to violence. It is defined as "behaviour whose intent is the physical or psychological injury of another person" (Goldstein, 1986: viii). While terms such as "violence" and "aggression" will be used synonymously throughout the study, it was the interview participants themselves who inevitably defined what these terms meant to them.

Violence and aggression are actions that occur in every aspect of society. They occur between genders, races, at every age and they affect individuals emotionally, psychologically, physically and socially. Most Canadians are concerned about violence or the threat that a violent crime imposes on their safety. While the violent crime rate has decreased by 4.1% since 1962, minor assaults still account for sixty percent (60%) of all violent crimes (Statistics Canada, 1996: 1). Despite the drop in the current crime rate, Canadians still fear acts of aggression and assault. In a 1993 General Social Survey, forty-six percent (46%) of Canadians felt that the level of violent crime has increased

in their neighborhood. In 1988, forty-three percent (43%) said an attack or threat of attack was the greatest concern to Canadians (Statistics Canada, 1996: 2). While it is true that the violent crime rate has declined in recent years, it is still significantly higher than in the past. For example, the 1994 Violent Crime Rate was forty-nine percent (49%) higher than a decade ago with a total of 236,364 assaults to individuals reported to Canadian police. (Statistics Canada, 1996: 5-7).

A common factor between violence in society and violence in the health care sector is that individuals who are in close proximity to each other are most likely to be victims of assault. Fattah (1991) found that violence is directed against those whom we are in more intimate contact with. We are all within easy striking distance of our friends, loved ones, workers and spouses for a majority of the time. He notes: "the greater the dependency of some members on others 'forces' them to put up with serious attacks from others" (Fattah, 1991: 158-9). This is especially true in the residential and community-based settings.

In the health-care sector, mentally challenged individuals who have a tendency to act out physically can not only cause psychological trauma for health care workers but may also cause severe physical pain as well. Mezey and Shepherd (1994) noted that assaults on health care staff are

not only common but are on the increase, especially with the mentally handicapped. The stress-related consequences of violent acts by the mentally challenged on health care workers may lead to psychological effects such as depression and anxiety, physical effects such as insomnia and nightmares and behavioural effects such as increased alcohol, drug and cigarette consumption which may last for months (Mezey & Shepherd, 1994: 4-40). In fact, in some cases, professional health care workers have died at the hands of people with mental impairments (Fong, 1995: 273). Psychological stress that occurs from violent outbursts may range from transient stress reactions that may last for days, to chronic reactions of the worker including post-traumatic stress disorders.

### **The Phenomenological Theoretical Perspective**

The current study employed a phenomenological theoretical approach in order to understand how support workers experienced and responded to violence in the work place, how they explained it, and the factors responsible for the perceptions/experiences of workers. I took this approach because a review of the literature resulted in minimal references to violence in deinstitutionalized settings and most research had employed only survey methodology. I believe that the subjective nature of the phenomenological perspective is more significant than

objective theories. It allowed support workers to be more open, candid and explicit in their responses which permitted them to describe how they "made sense" of their situation while working in hostile environments. It therefore permitted workers to be more explanatory about their lives. I examined how workers saw themselves before, during and after a violent or aggressive occurrence, how they adapted to those stressors and how their beliefs about their job and personal lives changed as a result.

The principles of phenomenology were applicable to my study. They presented insights into the way in which the accumulation of a "social stock of knowledge" and subsequent "recipe knowledge" were constituted (Berger & Luckmann, 1966: 41-2) within support workers in their respective work environments. The central issues of definition and construction of meanings and actions from workers around violent situations and how they viewed themselves after particular violent occurrences in the work place were the core of my concern.

According to Moustakas (1994), phenomenology is regarded as the main source of knowledge in which every perception of a person counts; every perception adds something important to the experience. It focuses on the appearance of things just as they are given. It is also concerned with "wholeness" while examining entities from every angle and is committed to descriptions of experiences,

not explanations or analyses (Moustakas, 1994: 58).

Phenomenology was important because it addressed how support workers "socially constructed" their lives based upon their perceived working conditions. All the understandings of the workers about themselves in relation to violence in the work place had a way of shaping their careers, identities and attitudes in other realms such as recreation and their personal lives.

Questions about the ways in which the respondents coped with occupational violence were important to the study because they shed light on how people "constructed" their work and daily lives in accordance with their perceived stressors. Respondents revealed the 'phenomena' that existed in their work day. Insight into each person's perception of violence in the work place was important when trying to understand the similarities and differences in how people deal with this phenomenon.

The themes and categories of violence that were formulated from the data collection showed how interviewees not only perceived their working and daily lives but how they coped as well. Insight about workers' perceptions revealed the style, form, content and meaning of health care workers discourses that occurred due to those perceived stressors. For example, workers conversed about how abusive one client was compared to another or how one fellow worker perceived a violent client versus another. As noted by



Berger and Luckmann (1966), language builds up semantic fields of meaning that are important in people's interactions with each other in everyday life. The "social stock of knowledge" that Berger and Luckmann refer to not only includes knowledge from one's situation but also its limits. Limitations of mental health care workers were important to identify because they revealed aspects about the organization, client or co-workers that impeded workers' abilities on the job.

Categories and themes of aggression and violence developed from the study are important because as the ECACL and its union (CUPE) become aware of potential stressors, they may be able to address them in a manner conducive to the productivity and cohesiveness of the organization. Using phenomenology in my research enabled me to have direct inquiry with the worker. This allowed me to "delve deeper into the essence of the topic by pursuing every aspect" of the phenomenon studied (Morse, 1991: 91). It revealed thick, rich descriptions of how each individual employee socially constructed his or her day in proportion to his/her work and personal life.

## **CHAPTER 2**

### **REVIEW OF LITERATURE**

Literature and research on aggression and violence toward care givers working in community residential settings is sparse. It will be necessary, therefore, to review existing and historical information from two similar areas of health care: nursing and social work. Particular themes from this area of literature include the consequences of the deinstitutionalization process and the ways in which nurses and social workers perceive, respond, cope and make sense from working with potentially violent clients. Other topics in the literature review cover nurses' beliefs and attitudes about working with assaultive clients as well as their perceptions about work place and personal safety.

#### **VIOLENCE AGAINST NURSES**

It is important to review literature from the nursing field because, historically, potentially violent and/or severely mentally challenged individuals had been institutionalized in hospital settings and cared for primarily by female nurses. It has only been within the last few decades that mentally challenged individuals have been gradually deinstitutionalized and placed in community-based residential settings. Nurses, nurses' aides and their colleagues have been exposed to verbal as well as physical

violence in psychiatric hospital settings.

In a recent multi-regional study of over five hundred nurses at six U.S. psychiatric hospitals, Poster and Ryan (1994) surveyed employees regarding their beliefs and attitudes about patient assault and work safety. They found that the majority of nurses (75%) had been assaulted at least once in their career, leading many to believe that they are working in an unsafe environment. Many of the nurses (predominately female) believed that assaults were to be expected. Because of these beliefs some nurses have even died because they continued to work with violent patients. Monet (1997) found that between 1980 and 1990, eighteen nurses died of occupational violence-related deaths in the United States alone. The expectation that assaults were believed to be 'part of the job' is an important phenomenon and this belief was certainly explored in the current study of support workers. Poster and Ryan noted that staff who had been previously assaulted were likely to believe that nurses who worked among mentally-ill patients could expect to be assaulted again sometime in their career (Poster & Ryan, 1994: 1105). The authors also found that newer staff (workers who had been in their current position for less than one year) were more confident that their working environment was adequate to prevent assaults versus their senior counterparts. New staff members also believed that their facility did not admit hostile or unmanageable

patients while senior staff believed the opposite. The majority of nurses believed that their institutions were not properly equipped or adequately staffed to safely manage potentially violent psychiatric patients (Poster & Ryan, 1994: 1104-7). Poster and Ryan also found that, overall, female nurses were blamed more than male nurses for letting clients become aggressive or violent and that nurses did not feel that they had any legal recourse following an assault.

Based upon the aforementioned information, questions about how junior community support workers perceived their working conditions versus their senior counterparts and, issues related to work place traumas were addressed in the current study.

#### **Impact of violence and adaptations**

In their research of five public sector psychiatric hospitals, Love and Hunter (1996) found that nurses were at greater risk of occupational injury than workers who were engaged in other industries traditionally considered high risk such as manufacturing, mining and heavy construction. They postulated that these findings are related to violence alone, indicating that the annual rate of other nursing staff injuries such as back strains, slips and falls would be significantly lower (Love & Hunter, 1996: 30-33). In her study of patient assault, Lanza (1988) examined the relationship between patient-provider response and

environmental characteristics associated with patient violence. Physical reactions included assaults to the head including eye injuries, numbness to parts of the face, loss of hearing, black eyes, and neck injuries as a result of choking. The most frequent injuries were to the arms and hands resulting in sprains and chipped bones. Other injuries included assaults to the torso resulting in bruised ribs and back sprains (Lanza, 1988: 251).

**Emotional impacts** after an assault included feelings of disbelief and shock, anger toward the patient, self and other staff, difficulty returning to work, strained family relationships, difficulty concentrating, depression and crying. Many denied any reactions stating that assault was 'part of the job.' Others feared the patient, were nervous about helping to dress the individual, felt a need to keep control and had a tendency to be more cautious (Lanza, 1988: 251). Physical injury and the emotional impact on workers were explicitly and candidly discussed by all interviewees in the current study.

**Self blame**, is another phenomenon that is prevalent in violent working conditions of the health-care sector. Flannery (1994) found that workers blame themselves in order to regain control of what has happened to ensure that it will not happen again. For example, victims stated that "If I had given the proper medication the patient would not have assaulted me" (Flannery, 1994: 17). Self-blame is an

important phenomenon which was relevant to the current study because it showed how community living support workers internalized and/or rationalized aggressive acts and how they went about constructing their work and personal lives. The workers' perceptions of their working and home lives was significant because it gave insight into how they understood and internalized their lives especially after a physical assault.

Cooper's (1995) work on patient assault revealed that the aftermath of an assault can leave nursing staff and related personnel in a state of emotional and psychological upheaval. The turmoil that occurs among the staff after an episode of aggression may also result in dysfunctional staff behaviours. For example, patient suicide and patient assault on workers caused staff to suffer feelings of loss in terms of trust, self-esteem and perceived loss of control. Many workers found themselves blamed by their colleagues and the administration for the violent events. This indicates that staff beliefs and perceptions after a serious occurrence change the entire complexity of the working environment (Cooper, 1995: 26).

While fellow colleagues may accuse the staff member of not trying to avoid or prevent an assaultive episode, the administration is also responsible for blaming the employees for the assault. This was a phenomenon that community living workers experienced during their work lives. The Canadian

Union of Public Employee's book on Guidelines for Stopping Violence at Work states that many staff are reluctant to report incidents of violence for fear they will be labeled "provocative." Workers also believe that incidents 'go with the territory' or are 'part of the job' (CUPE, 1987: 9). Nurses suffer painful feelings of loss in terms of trust and self-esteem due to the reactions from fellow workers and superiors (Cooper, 1995: 26).

Cooper (1995) found that staff members went through many psychological and emotional reactions after a violent episode. A worker's sense of mortality begins to take hold following an assault. Many nurses perceive they have foreshortened futures at their jobs (a symptom of P.T.S.D.), feel a need to prosecute the assaultive patient, and blame themselves. Nurses were taught to believe that anger toward the patient was inappropriate due to policies from management which stated that all patients were to be treated equally, despite their violent tendencies. The aforementioned issues were the identical concerns of community living support workers and were addressed in the current study.

Probably the most significant literature on patient assault on female care-givers was from Flannery, Hanson, Penk and Flannery (1994). These researchers found that women represent an unacceptably high percentage of victims due to patient assault in both inpatient psychiatric and community

residential home settings. They found that community residences and day programs were more likely to be staffed by female workers. They postulated that as deinstitutionalization and community placement of clients increased, there was the possibility of a corresponding increase in violence toward female workers (Flannery et al, 1994: 182). The importance of Flannery's research is that it not only dealt with staff in residential settings but compared it with staff in institutions as well.

These authors assessed gender differences among assaulted staff in a U.S. state mental hospital and sixteen community residential homes. They found that female care-givers were more at risk to be assaulted in both settings than male care-givers; this finding was also relevant to my research. This study was particularly significant because it addressed the potential for increased violence toward female community support workers at work sites especially where male clients resided. Because over ninety percent of the staff employed at the association are female (personal communications, 1997) it was important to uncover the differences between male and female support workers' perceptions of and adaptations to violence in the work place.

Flannery et al also found that community residential staff (similar to community living support workers) were more at risk for assault than hospital staff because they



had less immediate access to emergency services such as the police, physical restraints and other male staff during episodes of violence. The literature draws attention to the fact that community based settings are new sites for occupational hazards (Flannery et al, 1994: 184). Research in this area was extremely significant to the current study due the consequences of the deinstitutionalization process in the Canadian health sector. Institutions such as St. Thomas Psychiatric Hospital and Southwestern Regional Center (both located in Southern Ontario) are currently in the process of transferring psychiatric patients to community residential settings. This is an attempt to deinstitutionalize individuals which means that workers must care for long term and potentially violent clients. At the association, as well as at other areas such as nursing homes, many clients are often "dumped" into places where they cannot get the special care they need. Flannery's findings were significant because respondents in the current study had serious reservations about the kind of clientele the association accepted and they felt that certain individuals should not be part of their programs. Due to financial cutbacks, many support workers must work alone with potentially violent people which causes many problems. Some of the clients have been mis-diagnosed and not properly identified as having a past history of violence which is an important predictor for determining if the person will be

violent again in the future (CUPE, 1987: 10).

### **Staff and Peer Support**

Caldwell's (1992) research of Posttraumatic Stress Disorder among mental health staff victims of patient violence in both out-patient community care and state hospital settings revealed that victimized clinical and non-clinical workers were most concerned about the lack of staff support. He noted that peer support after patient assaults was minimal or non-existent and that over eighty percent (80%) of non-clinicians later reported symptoms after traumatic events. Ironically, Caldwell noted that one of the most hazardous work settings for employee mental health is the local mental health facility (Caldwell, 1992: 839).

Peer support after an assault is imperative. It helps employees understand what took place during the incident, allowing them to sort out their feelings, thoughts and emotions. While peer support initially helps workers make sense of what happened, the need for professional debriefing and counselling programs is imperative. For example, A large multinational survey was conducted by Poster (1996) which involved almost one thousand nursing staff members in psychiatric facilities across Canada, the United States, South Africa and the United Kingdom took part in the study. More than ninety percent of nurses had been assaulted at least once in their careers and over thirty percent

experienced more than ten assaults. In fact, Poster found that over ninety percent of Canadian nurses reported assaults by psychiatric patients (Poster, 1996: 365-9). She also noted that, not only do nurses fear future acts of victimization but, they also experience trauma when they witness the assault of fellow colleagues. Many staff expressed the need for peer support after an assault. This signified a need for 'critical incident debriefing' aimed at the entire nursing team to alleviate acute stress responses, reflective of the Posttraumatic Stress Disorder (Poster, 1996: 370).

Based upon the above literature, it was therefore important for community living support workers to accurately describe their perceptions about the support (or lack of support) from co-workers and management in the current study. The interviews revealed what Berger and Luckmann (1966) identified as the social stock of knowledge. This stock of knowledge includes the knowledge of the worker's situation and limitations and thereby permits the worker to accurately locate him/herself in the work place in relation to the employer and other workers. According to Berger and Luckmann, "a large part of the social stock of knowledge consists of 'recipes' for the mastery of routine problems. The social stock of knowledge not only differentiates reality by degrees of familiarity but it also provides complex and detailed information concerning the sectors of

everyday life with which a person must frequently deal" (Berger & Luckmann, 1966: 41-3).

### **VIOLENCE AGAINST SOCIAL WORKERS**

Social workers have also been the targets of assault and are similar to community living workers in that they work in the community with aggressive and violent clients. In Violence Against Social Workers, Norris (1990) found that vicious acts of aggression on social workers have been steadily increasing since 1970. For example, six social workers were killed in Britain between 1974 and 1990. Because the majority of social workers are female (similar to community living workers) they are more likely to become victims when working with male clients. He suggests that, because female social workers could be perceived as people with power, they may be viewed as a threat by some clients which leaves them open to physical, verbal and emotional abuse. Norris also notes that social workers feel that, overall, there is a lack of clear direction from management. This creates a chronic state of uneasiness and anxiety about what they are doing and the feeling that they are never doing enough (Norris, 1990: 56-7). This information was relevant to the current study because, as more patients were placed in residential and community-based settings, female community support workers had to deal with more potentially violent clients in their respective environments. Their

perception of the directions they received from their managers and directors was crucial when understanding how they constructed their roles as support workers. The ways in which workers coped and responded to increased staff to client ratios was also critical to the study.

### **The Impact of Financial Cutbacks**

The most important factor that creates a potentially volatile working situation, especially in the health care sector, is the consequences of financial cutbacks. Literature from Newhill (1995) addresses budget cuts and under staffing which led to increased vulnerability of social workers to violence. She found that physical violence on social workers by their clients occurred most often in correctional, health, mental health and deinstitutionalized settings. The immediate response of social workers who had been threatened or attacked ranged from an initial feeling of numbness and unreality to the fearful realization that mortal harm was possible in their jobs. Social workers felt feelings of demoralization and helplessness and had thoughts of leaving their jobs and abandoning their profession all together (Newhill, 1995: 632-4).

In a recent U.S. study, Rey (1996) surveyed 175 licensed social workers and 98 agency directors in a western state. She found that while twenty-five percent of social workers had been assaulted by a client, fifty percent had

witnessed violence in the agency and over seventy percent were fearful of work place violence (Rey, 1996: 33).

Addressing issues such as fear in the work place and how workers perceive and describe their situations was important because, for many, it permeated their work and personal lives. Rey found that workers experienced burnout due to work place aggression and violence as well as worker turnover. This is true with community support workers where burnout, employee turnover and absenteeism play a major role in employees' responses to aggressive and violent individuals.

Rey also noted that deinstitutionalization and budget cutbacks in social work agencies have increased case loads for social workers. At the same time they are operating with fewer resources for managing aggression and constructing safe work places. Community living support workers also face the same problem of financial cutbacks due to reduced provincial funding. Support workers' perceptions about organizational restructuring, reduced funding and its consequences was a crucial factor in the current study because it helped explain how employees cope, or do not cope, with organizational restructuring due to financial cutbacks.

### **Impacts of Violence and Adaptations:**

Whether the object or phenomenon actually exists or not makes no difference at all as long as "that particular person perceives it to be real" (Moustakas, 1994: 50-54). It was therefore important to identify how support workers perceive aggressive clients and how they reacted or coped with their particular realities. For example, Rey (1996) noted social workers' reactions to client violence. They described feelings such as: fear of client violence, fear of the client's family or friends, extreme fatigue, sleep problems, poor attention spans, somatic complaints, anxiety, nervousness and emotional outbursts. She also found that awareness and fear of violence contributed to high levels of stress and burnout. Over sixty-five percent of social workers experienced at least one of the aforementioned symptoms.

Rey also stressed the importance that social workers placed on the debriefing process involving administration after an aggressive outburst had occurred. They felt that this process should continue for up to one year accompanied with support from fellow workers (Rey, 1996: 36-89). Community support workers' perceptions of the debriefing process and support from co-workers and management was a major priority expressed by respondents throughout the study. It was also important to have support workers describe their thoughts and feelings about their assaults

and how they felt about their relationships with their client, peers, administration and their family.

Because information on violence and aggression towards community support workers was sparse it was important to draw from the above literature because both social workers and nurses have had a long history of working with the mentally challenged. The workers' perceptions and adaptations to aggressive individuals at their respective work sites were significant because it was useful in gaining insight into the beliefs, experiences and perceptions of community living support workers in the current study.

### **Deinstitutionalization and the Community Support Worker**

While phenomenology addresses issues at the individual level, there were macro level issues beyond phenomenology that I drew into the study in order to identify some core concerns related to the deinstitutionalization process. While there were few areas of literature related to the deinstitutionalization and its consequences, I did find some information that was relevant for the current study. For example, literature from Ralph (1983) examines the development and related problems of community psychiatry after WWII. This was an area that was created as a direct result of deinstitutionalization. The proportion of individuals treated for emotional problems had increased, chronic mental patients had been deinstitutionalized, and



programs and techniques to treat non-psychotic individuals had proliferated (Ralph, 1983: 11). Though it appeared that community psychiatry had its advantages, such as replacing long-term hospital stays for mental patients with therapy, Ralph suggested this tactic by management was simply designed to speed up work and dissolve protest amongst employees. This maneuver created a "powerful tool in making living conditions stressful for workers" (Ralph, 1983 130).

Ralph's information was important when analyzing the plight of community living support workers at the association because it underscored a problem of stress due to increased work loads. It is important to discuss macro level concerns because some of these issues identify how workers in the current study have been affected by local and provincial mandates such as financial cutbacks. These cutbacks, in turn, affect staffing and the quality of clients the association accepts into its programs. The perceptions of front-line workers regarding financial decisions by both the association and the province were important to the study because they revealed how workers responded and coped with these perceptions and how they socially constructed their work and personal lives accordingly.

Literature by Wolfensberger (1972) defines how the process of deinstitutionalization of mentally challenged individuals led to certain negative ideologies, mechanisms

and stigmas, constructed and maintained by individuals in authority. He noted the particular goals of human management services (the maintenance or attainment of non-deviant behaviour for the client) and the problems that were associated with the "normalization" of the so-called "deviant" person into society.

Wolfensberger cited how behaviour modification, which includes selective use of aversive conditioning, is not necessarily dehumanizing but quite necessary when helping mentally challenged individuals integrate into society. He points out that although behaviour modification may, in specific instances, seem to conflict with the principle of normalization, the conflict is often more apparent than real. Wolfensberger notes how some parents in contemporary societies rely on particular child-rearing practices such as reward and punishment in order to help children learn conformity which should be an accepted principle in the normalization process of challenged individuals. According to Wolfensberger, "parents react to those of their child's actions which they hope will be repeated with approval, while they punish or disregard behaviour which they hope will not be repeated" (Wolfensberger, 1972: 144). He mentions that our entire society is predicated on the 'reward for performance' principle and that this principle must apply to mentally challenged people.

Literature from Wolfensberger is significant to the current study because many respondents at the association believed that behaviour modification techniques involving punishment (consequences) should be applied to their clients. However, the association emphatically states that there should not be any punishment for non-compliant or aggressive/violent clients (Behaviour Support Strategies, 1995: 12). Some employees had difficulties because they could not enforce any punishment to the clients they supported. They pointed out contradictions in the goals of the social integration and the policies and procedures that the association enforced. Employees' perceptions of these contradictions were important in terms of how they performed in their jobs, their perceptions about morale in the work place and how they coped with the fact that they could not consequence non-compliant individuals.

A review of the literature did not show any qualitative studies in which nurses or social workers were actually interviewed about their perceptions of violence and aggression in the work place. However, the literature did suggest that workers tend to understand and explain violence in a number of ways. First, personal safety issues that nurses and social workers described as crucial to their jobs were of primary concern in the study when interviewing employees who worked with aggressive and violent clients.

The issue of personal safety was further aggravated by

administrative reduction in staffing due to financial restraint. Financial cutbacks have resulted in situations where a staff member is working alone. Employees who feel fearful because they are placed in an unsafe working environment with little or no support staff may not only perceive their situation as stressful but may also believe that the problem will never be rectified.

Second, the importance of peer support after an assault was an important feature in the literature review. In a study by Poster (1996), he found that "peer support after an assault had been consistently described as an important factor in the ability of nurse victims to cope with their emotions and the long-term sequelae of an assault" (Poster, 1996: 369). Peer support was a primary concern in the study on support workers.

Third, literature from Mezey and Shepherd (1994) showed that workers internalize a violent incident after it has occurred and try to "make sense" of what happened. Workers in his study asked questions such as: 'Why me?', 'Why did it happen?' or 'What did I do wrong?' (Mezey & Shepherd, 1994: 5). Acts of violence also challenged many of their basic assumptions about life in general, such as personal vulnerability and safety, safety of the world they live in and the inability to control events. Since employees at the association were constantly involved with violent and aggressive clients, I documented many stories from workers

about how they made sense of their own traumatic experiences due to physical, emotional and verbal abuse.

### **Personal Biases, Preconceptions and Expectations**

Since I am a support worker at the association I have experienced and witnessed many situations involving verbal and physical violence. The information given by respondents may have enhanced my own biases and preconceptions about the organization. However, the focus of the study remained on the workers' perceptions of their working environment. It was my hope, despite my own biases, that the study accurately depicted the truth about how workers perceived and adapted to violence in their respective working environments.

Workers described their perceptions of the support or lack of support from their immediate managers and directors. I expected workers to discuss the long lasting effects (PTSD) of an assault or threats of assault, feelings of despondency and even indifference about their role as a community living support worker even though I had my own biases. I also expected female and male employees to give detailed accounts of their experiences when working alone with violent clients especially when the client was overbearing, muscular and/or larger in stature. Workers told of feelings of fear and hurt when dealing with violent clients where they could not defend themselves. Male and female

workers described "catch 22" situations that impacted their work lives. For example, community living support workers are told upon hiring that potentially violent people they work with are to be accepted as aggressive and that any action taken against a client is viewed as an infringement upon that client's rights. According to the association's Behaviour Support Strategy manual:

"The association recognizes that persons who display actions or responses which are harmful to themselves or others can be a form of communication. The persistence of such actions/responses may be the result of our (support workers) failure to understand the message that is being communicated. The proper role in supporting people struggling in any way, is to stand beside the individual and to offer support unconditionally. Therefore, support will not be withdrawn from these individuals" (Behaviour Support Strategy, 1995: 12).

In addition, any action taken against assaultive clients may be grounds for dismissal. Even though I have my personal beliefs and biases due to my position as a community living support worker at the association I expected that workers would give personal and detailed descriptive accounts about the realities of working with violent and aggressive clients. This, in fact, did occur.

### **CHAPTER 3**

#### **METHODOLOGY**

The purpose of my study is to determine the perceptions of community living support workers regarding violence and aggression. I employed a qualitative research design which enabled me to ask community living support workers both broad as well as specific questions about violence and aggression in their lives in relation to the people they support. A qualitative study enabled me to question and examine the "life experiences" (Creswell, 1994: 12) of support workers in their daily work. Creswell (1994) notes that qualitative studies employ two forms of research questions: grand tour questioning followed by relevant sub-questions. Grand tour questions were posed to the interviewee as very broad questions so as not to limit the inquiry, followed then by no more than five to seven sub-questions. Through the use of this format, I first asked informants general questions such as their age, occupation, seniority, hours of work and their general satisfaction or dissatisfaction with work. I then probed deeper with sub-questions about more sensitive and critical issues such as emotional, psychological or physical abuse due to violence and/or aggression in the work place (see Appendix B for Interview Schedule).

The study employed a phenomenological research design. According to Creswell (1994), phenomenological studies are human experiences examined through detailed descriptions of the people being studied. The appropriateness of using this design was significant because it helped me to explore, identify and describe particular distressing situations that impacted community living support workers. This approach helped me to understand how respondents "internalized" their lives due to their exposure to aggression and violence in the work place. Utilization of this "constructivist" approach not only identified multiple socially constructed realities of the health-care worker (Guba & Lincoln, 1989: 55) but revealed certain defense and coping responses due to violence and aggression.

### **Setting**

The study was conducted at the Essex County Association for Community Living located in Essex, Ontario, Canada. The association was founded in 1961 and currently employs approximately 275 support workers. Two-thirds of the employees are part-time and over ninety percent are female. Training such as First Aid, CPR, NVCII (Non-Violent Crisis Intervention) and personnel issues takes place at the head office. All managers, directors and the executive director converge at the head office for specific as well as general meetings. Most front-line employees, however, have minimal



involvement at the head office and report directly to their respective work sites such as respite homes.

### Sampling

The informants in this study were front-line community living support workers classified as part-time, full-time and on-call. Sixteen interviewees were selected from five centres in Essex County: Weekend with Friends (McGregor), 48 Heritage (Kingsville), 251 Talbot (Essex), Channel (Amherstburg) and head office because these were areas where workers were more likely to be exposed to potentially violent and/or aggressive clients. For most of the respondents, the interviews occurred in my home while only three interviews took place in the respondent's home.

I used a combination of random and stratified sampling. This was necessary because the population I drew the sampling from consisted of a total of sixty people. Twenty-two percent (22%) of the staff were full-time and only twelve percent (12%) were male. Random sampling was used for female part-time staff.

In order to obtain a representative sample of full-time and male staff, however, it was necessary to also use stratified sampling. According to Neuman (1991), stratified sampling "produces samples that are more representative of the population than simple random sampling...a researcher uses it to guarantee representativeness or to fix the

proportion of different strata within a sample" (Neuman, 1991: 210). This was the case in the current study. Random sampling alone could result in exclusion of either full-time or male staff due to the small numbers of these two groups.

The combination of random and stratified sampling provided a wide variety of interview participants. Data was collected from these individuals consisting of twelve female and four male support workers. There were 5 full-time, 8 part-time and 3 on-call employees in the sample. The level of education of the respondents ranged from no formal university education to multiple diplomas. Seniority of the interviewees ranged from 4 months to 9 years. All respondents were Caucasian, therefore the sample was not diverse with respect to race.

Job descriptions of the employees varied according to the type of support that was offered by the worker to the client. Workers at each level of employment were accountable for giving support to clients in their daily activities both at respite and head-office settings. Respondents were responsible for duties ranging from issuing medications, attending to client's personal hygiene needs such as bathing/clothing to teaching community living skills and integrating the clients into mainstream society. The age of the clients the workers supported in the study ranged anywhere from 8 years to over 65 years.

Full-time employees received the maximum amount of

hours allotted to them as per their collective agreement (40 hrs), albeit some full-timers mentioned that they worked in excess of the maximum allotment. Full-time staff had a range of benefits which included vision care, dental, long term disability, life insurance and extended health care. Part-time employees, while ineligible to receive benefits, worked anywhere from 15 to 40 plus hours per week. On-call employees (also ineligible for benefits) worked anywhere from 8 to 16 hours per week.

It should be noted, that while part-time employees and on-call employees are only allowed to work 32 hours per week as stated in their collective agreement, they also fulfill many of the same duties and roles as their full-time counterparts. Extra duties for part-time employees became an issue in the study when respondents discussed stress. Any employee working a "sleep over-night shift" is paid his/her regular rate for one-half of the asleep hours (Collective Agreement, 1997). All employees report to their managers who, in turn, report to their director and the executive director. Table 1.1 illustrates the breakdown of the main office and respite labor force according to job title.

**Table 1.1: Number of Workers at Main Office and Each Respite Area According to Job Classification (n=60)**

<u>AREA</u>	<u>FULL-TIME</u>	<u>PART-TIME</u>	<u>ON-CALL</u>
McGregor (Weekend With Friends)	1	14	6
Kingsville (48 Heritage)	1	4	3
Essex (251 Talbot)	1	6	3
Essex (Main Office)	4	1	8
Amherstburg (Channel)	6	--	2
<u>TOTAL:</u>	<u>13</u>	<u>25</u>	<u>22</u>

I initially contacted the interview participants by telephone inviting them to participate in the study. Of the people contacted, only one refused. Once the employees agreed to take part in the study, they were given information and consent sheets before the interview. These sheets contained a brief introduction to the researcher, aims and intentions of the project and issues of confidentiality (See Appendix A for information and consent form). Participants were also asked if they would like a copy of the results sent to them after the study was completed.

### Data Collection Strategies

The data collection and analysis occurred simultaneously throughout the project. Data was collected from November 1997 through mid-December 1997. I performed semi-structured in-depth, face-to-face interviews with sixteen male and female community living support workers at the association utilizing a tape recording machine and I also took notes. Originally, twenty people were scheduled for the study. However, after sixteen interviews, I discovered similar patterns and themes among all respondents. My advisor and I then decided that the study should be limited to sixteen respondents.

I used a semi-structured format because, according to Morse (1992), "while listening to an answer from the respondent, if the researcher discovers information that is new or interesting she or he has the freedom to probe further and discuss any of the answers" (Morse, 1992: 361). This format proved to be invaluable in the current study on community living support workers. Because interviews were informal and confidential, health-care workers were able to be more open, candid and discrete about their personal perceptions of coping methods for aggression and violence in the work place.

### Data Analysis Procedures

Since data analysis requires that data collection, data interpretation and narrative reporting be done simultaneously (Creswell, 1994: 53-4), it was important to code the information. This involved processes such as focused coding (looking at particular information) and integrative coding (how it all tied together) through the use of numerical and alphabetical coding in order to assist me in sorting-out particular words, categories and themes from the data. I assigned each respondent an interview number, alphabetized introductory and general questions then numbered specific questions targeted at issues of violence and aggression (see Appendix B for copy of interview schedule). This method became quite helpful when sorting out categories and themes. I then used a transcription machine to help me transcribe tape-recordings from the interviews into typed information. After the transcription process I had the tedious task of sorting categories and themes related to workers perceptions of violence and aggression, coping methods, attitudes and respondents beliefs/recommendations about reducing work place violence.

There were six main categories that came from the study with regard to employees' perceptions and experiences with violence in the work place: **Workers' Definitions of Violence, Workers' Perceptions of the Impacts of Violence, Workers' Perceptions of Management Support, Coping Methods,**

**Beliefs about Factors Responsible for Violence and Workers' Beliefs Reducing Work Place Violence.**

**Workers' definition of violence** reveals the significance of how and why workers maintain narrow and broad definitions of violence which, in turn, sheds light on their methods of coping. **Workers' perceptions' of the impacts of violence** addresses how violence affects employee's work, personal lives, their co-workers, what it is like to work with violence when pregnant, experiences of client to client violence and how workers perceive worker to client violence. **How workers perceive management support** is a primary focal point in the study because it reveals certain attitudes that support workers have about their managers, directors and the executive director. **Coping methods** of employees shows how workers used unitary and multivarious ways of dealing with stress, violence and how they dealt with the support they received from the administration. **Workers' beliefs about factors responsible for violence** is a significant category because it identified three main factors that respondents believe cause violence at the association. Finally, **workers' beliefs about reducing work place violence** is an important category because it shows that employees have five main ideas that could help eradicate or alleviate violence in the work place.

Ancillary categories surrounding the primary categories also became important features of how worker's perceived

violence in the work place. The following chapter will attempt to frame both the similarities and differences within these categories.

### **Ethical Concerns**

According to Creswell (1994) the researcher has an obligation to respect the rights, needs, values and desires of the informant. This was best achieved through use of a written consent form given to the community living support workers before the study began. Community living support workers were made aware of the nature of the study and potential risks at the beginning of each interview. Methods of data collection (ie tape-recording and note-taking) was also discussed with the informant. It was my moral duty and obligation to assure the informants that all information would be confidential. In order to achieve this, all informants were given a case number when reporting data. Neuman (1991) notes that when reporting the final data it may be necessary to give the respondent a fictitious name and location or even to alter some other characteristics in order to ensure anonymity and to prevent intimate details of respondents from being identified. This was the case with the current study. The respondents and clients remained anonymous.



## **CHAPTER 4**

### **WORKERS' DEFINITIONS OF VIOLENCE**

Many different concerns, opinions, perceptions and viewpoints were expressed by all respondents throughout the interviews. While it should be mentioned that violent clients make up a small proportion of clients that the association supports, almost all respondents had dealt with some form of violence and aggression at their respective work sites. In order to fully appreciate how support workers perceived, coped and made sense of their work and personal lives with respect to violence, it is first important to discuss how employees define violence. How respondents defined violence was important because it revealed how worker's socially constructed their work and personal lives due to violence. It also shows how different workers define violence either in broad or narrow terms.

At the beginning of the interview, workers were first asked to define, in their own words, what violence was or what behaviour was viewed as violent. The worker's definition of violence was important because it shed light on the cultural and/or occupational view of violence among workers related to their experiences in the work place. Asking the worker to define violence in their own words also allowed me to interpret the differences and/or similarities of each employee's perceptions of work place violence and

their coping methods. This was important because I could then get a sense of how definitions and perceptions of violence by the worker were related to other areas in the study such as peer, management, and family support networks, debriefing, stress, and coping methods in relation to the clients they supported.

Defining violence was also significant because I was interested in examining how support workers perceived and defined violence compared with the regular texts, dictionary and reference sources that are found in academia, media and society. I needed to find out if workers tend to accept or adopt a broader or more narrow definition of violence based on their occupational setting or context. This was important because if workers adopted a broader definition of violence as opposed to a narrower definition, then I could illuminate the relationship between these perceptions and the extent to which they found their jobs more or less stressful and how they coped.

For example, any person in society who chooses to look up a definition of violence in Webster's New World Dictionary will find that violence is defined as "physical force used so as to injure, damage, or destroy; extreme roughness of action; intense, often devastating or explosively powerful force or energy." As noted earlier, the Canadian Union of Public Employees define violence as acts of aggression such as hitting, grabbing, kicking, biting,

attacking with a weapon or acts of sexual contact (CUPE, 1987: 6). These general societal definitions of violence were necessary because they were used to compare to the different conceptions and constructs that support workers had when defining violence at the association. An employee who has a narrow definition of violence and therefore believes the concept of violence is strictly related to physical consequences may believe he/she works in a hostile environment but only in a limited sense. Subsequently, these workers may not resort to coping strategies as a result. Other workers, however who define violence in broader terms (encompassing physical, emotional and psychological dimensions) would perceive their working situation quite differently. They would define violence as something that permeates every aspect of their work and personal lives. They would therefore believe that violence is a phenomenon that has far reaching and permanent consequences in their lives. An interviewee with a broader, more inclusive definition of violence, would have a more varied and complex set of perceptions regarding managerial, peer and family support as well as the multivariate ways of coping with stress and violence. It was therefore important to differentiate among workers as to the degree to which violence was defined.

Variations in workers' definitions of violence were extremely important because they also raised questions as to

why some workers limited their definitions of violence to physical assault while others expanded their definitions to include emotional and spiritual aspects. These differences determined how workers perceived and interpreted violence, the variable levels of stress at work and home and their roles as employees with the association. Many respondents described violence as operating on a continuum, ranging from verbal aggression to extreme physical assaults. For example, some interviewees defined violence in the follow manner:

It starts at the low extreme with the verbal...when they use all their nice letter words you know, that's your cue that this could go further: the physical, the spitting, the hitting, the biting, hair pulling, scratching, kicking. (Int. 1)

Anything that is physically and emotionally damaging because you can be verbally abused, physically abused, I mean those are the two key things. (Int. 11)

Any kind of physical outbursts that cause harm...physical harm that brings pain to myself but it doesn't even have to be physical. It can be verbal abuse, verbal harassment...verbal abuse is sometimes just as bad as physical. (Int. 8)

While most workers defined violence in terms of physical and emotional aspects, one woman expressed a broader and more encompassing definition of violence:

Violence is anything physical, verbal, mental, spiritual...that is carried out by one person against another person, which causes that person harm in any way. And it's done deliberately. Often you can hurt somebody spiritually that is more damaging than physically. The scars go away but it's often the emotional and spiritual scars that go on and on. (Int. 4)

This respondent's definition of violence was quite interesting because it went beyond the physical, emotional and psychological definition of violence possibly due to the amount of violence she had been subjected to. This employee believed violence permeated her entire being. The respondent had at least nine years experience working with violent and aggressive people. The kinds of experiences that she had with violence pushed her definition of violence well beyond any 'normal' descriptions of aggression and violence. In fact, her definition suggested that acts of violence not only impacted her both physically and emotionally but went directly to her soul, which seemed to tear at the central moral fibre of her sense of self. Her definition explained that whatever was said to her, or whatever was done to her, affected every aspect of her life.

Because the majority of workers had several years of service with the association, and therefore had more experiences with violent clients, many realized that some of the abusive words that were said to them by violent clients were just as hurtful and just as damaging as somebody hitting them. The frequency and quality of these acts of violence not only affected how they perceived their working relationships with family, friends, peers and clients but it formed the basic structures in their construction of the violence in a broader sense.

## Sexual Harassment

While most definitions of violence in society do not address the varying degrees of aggression toward men and women, the current study found gender differences in respondents' definitions of violence. While men were more likely to define violence in general terms, women were more likely to include sexual harassment in their definitions of violence. Many female interviewees believed that sexual touching and conversations laced with sexual connotations led to a different kind of stress that men did not either perceive nor relate in their definitions of work place violence. According to Reasons, Ross and Paterson (1981) seventy to ninety percent of women experience some form of sexual harassment during their working lives. It is a form of stress that men normally do not have to contend with. Since women included sexual harassment as part of their definition of violence, these broader perceptions of violence helped to explain why women were more upset, fearful and visibly shaken throughout the interviews. Most female support workers were emotional and tense when discussing sexual violence in the interviews because of the graphic recollections of sexual abuse and harassment they had experienced.

Even though one male support worker mentioned that he was grabbed in the groin by a client he and the other male workers did not incorporate the concept of sexual harassment

into their definitions of violence. This is a significant point because female workers not only perceived sexual harassment as a major criteria in their broadened definition of violence, but the amount and kinds of sexual harassment coupled with the rate of stress that females were exposed to showed they constructed their work lives differently than men. They perceived they were more subjected to random acts of sexual violence by the people they supported. Subsequently, female respondents requested more staffing to cope with sexually aggressive clients. Other respondents believed that clients prone to sexual acts should not be admitted to the association. Female respondents felt more vulnerable and unsafe when compared to male workers and these perceptions caused them to rely on different kinds of coping strategies, such as requesting male workers, as a means of support. For example, women believed that male support workers commanded a certain presence when working with male clients who were sexually aggressive:

I think a male staff get a different kind of respect than a female staff and they're bigger...their voice may be intimidating but it seems to me that male staff have fewer problems with certain people. They are not going to have the sexual aggression problems. It just seems to me that they have fewer problems...There are people (clients) that come right out and touch body parts and get in your personal space repeatedly. He (client) gets in your personal space and you can't redirect him...I mean it is stressful especially when you have all these other people there you are trying to take care of. It's mostly harassing....to (have the client) hold your hand or rub your back...dance...all this crazy stuff. Of course, he is not like the other kids that come in that are very sweet...it's terrible. He harasses you

and wants to make physical contact with you all the time but it's a very sexual thing for him...it's not anything friendly or anything.....it's very threatening and he just won't leave you alone...it's really bad...he just goes on a tangent and he's obsessed. I've seen one client grab ladies on the breast and twist it...like TWIST it. (Int. 10)

Female support workers believed that more male workers were needed to divert clients who had potential sexual tendencies. The belief that male workers would alleviate stress is associated with a different coping strategy that male workers did not mention in the study. This was important in terms of how workers experienced different levels of stress attributed to violence and aggression. Male workers never expressed that female workers were needed to re-direct a client that was sexually aggressive.

Gender differences that were associated with the definitions of violence must therefore be taken into consideration when understanding how workers construct their work and personal lives, what gives meaning to them when working with mentally challenged individuals, and the methods of coping they use. Women workers had the extra added burden of sexual harassment to account for their definition of violence. This added factor helps to explain why they perceived violent clients in different ways than men did. It also shows that female workers believed that they were more disadvantaged than their male counterparts in areas such as abuse and stress. If women believe that they experience different kinds and amounts of violence than



men, their perception of the quality of support from managers, directors, peers and family would be quite different and more unique than their male counterparts. It would also help to explain why women believe certain factors are responsible for work place violence in relation to the men's beliefs.

Because there were variations in the definitions of violence I was able to get a better understanding of the complexities of the different work sites and how the workers responded to their reality. While some respondents defined violence in broad terms, others used more narrow and restricted terms. This was due, in part, to their work environment but it was also due to kinds of clients, length of time they had at the association and their personal outlook on life. For example, people who defined violence in narrow terms tended not to take things personally. They constructed their work lives based upon their limited definitions of violence. If some clients verbally accosted them as a means to vent their frustrations and feelings, these support workers did not take it seriously. These employees did not believe their personal lives were at stake nor did they feel that verbal assaults affected their work lives. They therefore did not see verbal aggression and assault as 'real' violence:

I have been threatened but I never felt like I was threatened. I had them (clients) say to me, when my husband was sick, that "I hope your husband dies"... "I'm going to kill you." Things like that

have been said to me, but I never felt that this person could fulfil that. (Int. 5)

Conversely, interviewees who believed verbal aggression could lead to physical violence took these words to mean much more than simply a means of venting. Many respondents feared for their lives which also raised levels of stress while at work. Employees who believed that clients could escalate their behaviours from simple verbal words to physical assaults defined violence differently. For example:

It (violence) covers a fair range, of course. As you know, there's simply being shouted at...being cursed at, menacing behaviour; where somebody physically comes at you but doesn't touch you. Then of course, being physically punched or grabbed or pushed or whatever...that type of thing.

I find that a lot of times, that there is a lot of 'posturing' where there's all kinds of violent antics going on...when you're waiting for them to turn on you. They frequently do not but yet it's very stressful being in that environment....you know, within 3 or 4 feet of you. Slamming doors, screaming....getting within a couple inches of your face screaming, really loud. It's very...awful. (Int. 13)

These differences became important when interpreting interviewees' responses. It helped explain why there were many variations in the ways employees responded and/or reacted to the questions on violence. The differences between broad and narrow definitions of violence also related to whether employees stayed or remained with the association. If respondents adopted a broader definition of violence, they experienced more levels of stress, needed more networks of support and coped in many different ways.

Interviewees who defined violence in narrower terms did not seem to experience stress and subsequently did not place high priority on coping strategies such as debriefing. Most respondents, however, defined violence in broader and more descriptive terms. This explains why they placed priority on issues such as extra staffing, debriefing and counselling programs, pay, and managerial and peer support.

### **Workers' Examples of Violent Clients.**

Except for one employee, all interviewees had first hand experience working with violent or aggressive clients. Respondents had supported anywhere from one to twenty-five violent or aggressive clients at any given time during their career. As noted above, employees experienced different types of violence and aggression ranging from simple verbal assaults to physical life-threatening situations. Employees were asked to give examples of the kinds of violence they were exposed to, weapons used, and their overall general concerns about violence in the work place (ie. personal safety). The descriptive accounts that interviewees gave about violence revealed how they perceived the people they supported, their own fears and how they constructed their work lives. Examples of violence helped to explain some worker's indifference to violence from clients as well as the range of fear workers endured while working with aggressive and violent clients. Based on the range and

extremity of fear, the respondents would then describe how this increased their levels of stress, how they viewed the clients they supported and how they coped (or did not cope) with violence. It explained how workers constructed their opinions of managerial support as well:

I've had the whole full range. I have had someone punch my arm, very violently and forcefully, many, many times in one instance. Lots of screaming, yelling, ranting/raving, verbal threats "to burn the house down"... "kill staff"... those words. One client used to hold a knife in his hand... stand right in front of you, pointed at you... get really close to you while talking and have the knife pointed at you the whole time. I was seriously considering leaving my job because I simply couldn't deal with it anymore... I couldn't take the stress. I was afraid... very concerned... very distressing and of course nothing was being done to alter that. They (admin) were not getting rid of him, they were not double staffing... nothing. If anything, they gave him lots of freedom, gifts, money, privileges, attention, one-on-one staffing... it's a very bizarre situation. I mean, he's such a monster and they were just pouring such attention and funds his way... I just couldn't understand it.... they didn't do it for anybody else. (Int. 13)

The descriptive accounts that were given in the study revealed how employees felt about the people they supported and how they went about their daily lives at work. Differences in how workers viewed their clients played a major role in how they coped with their stressful situations. For example, while some employees viewed violent and aggressive clients as threatening and abusive, other respondents enjoyed working with aggressive clients. Some even maintained a positive outlook and did not really believe they were experiencing any stress at all due to the

aggression:

I enjoy working with the children and interacting with the staff. Some days it can get very trying because we have demanding kids on certain weekends that demand a lot of attention. They get aggressive and you have to watch their behaviours and separate that child from the other children. I feel satisfied simply because the program is going...it's constantly going. You're always doing something. There are times, though, that you get very distracted; you're not 'with' it because things are happening so quick and one staff member has been set off. That sets the staff member to a bad mood and you're tip-toeing around that staff because of the child etc, etc. It's not good that way because the morale goes down. In a way, I'm an upbeat person and like to keep things cheery...you know, cracking jokes to keep everybody happy. Overall, I find it satisfying, especially with the kids when you get a smile from them. (Int.16)

On the other hand, some interviewees viewed violent and aggressive clients more negatively, described their clients as inanimate objects, and expressed incredible amounts of fear, apprehension and stress as a consequence:

Yes there were two (clients) that I was greatly concerned about: Calvin and Mike...oh, gosh...how did I leave out Richard. Richard: I cannot tolerate working with him...he is so violent and goes off...physically coming at you all the time and when you say "no" he freaks out and gets angry and aggressive towards staff. It's very threatening and he just won't leave you alone...it's really bad...he just goes on a tangent and he's obsessed. He's about 350 lbs and his parents just gorge him with food to keep him...(at bay). You have this overweight monster coming at you all the time. It's a nightmare. (Int. 13)

Interviewees were also concerned about the overall opportunities for violence and aggression at their respective work sites. Whether or not workers could maintain control over their particular work areas was a determining

factor when they constructed their perceptions of violence. Because most interviewees believed that violent clients had domination over them, as well as other clients who were there at the time, workers felt not only insecure about their personal well-being but many felt they should take preventative measures in anticipation of a violent episode. When workers believed they lacked control over their potential aggressive situations it led to increased amounts of anxiety and fear. Many of these fears were in direct relationship to the issue of single-staffing. Fear of violence carried into employees' work and family lives both before and after their shifts:

I worry about it constantly. Not so much that I'm obsessed with it but it is in the back of my mind all the time. If I'm the only staff, then I'm trying to protect myself...how do I get into the office and lock myself in...lock the door...and still support the individuals that are at risk also. Why should I go in there with the threat of somebody wanting to stab me or punch me or whatever and try to support 3 people that are sitting there? (Int. 14)

....before going on shift my thoughts were "should I call in sick?" I did not want to be there at that point in time...just didn't want to be around those two guys. Sometimes I wished I didn't have to go to work...I would think "do I feel well?"..."do I have to go in?"...do I need a day off?...you know, you have all these little contemplations. You just say, just how much more can I take? (Int. 2)

The variations in the workers' choices and descriptions of particular examples of acts of violence is significant. It revealed how workers defined what they perceived to be examples of aggression and violence based upon certain

criteria. Some workers gave examples of the most extreme forms of violence while other workers not only expected violence in the work place but did not give much thought to it. These radical differences in the workers' perceptions of violence give insight into how they go about constructing their work days and the differences in their perceptions of the role of management. For example, if some employees believe that violence is unbearable in their locations they may be more likely to blame the organization for their predicaments. Other workers, who either accept violence or do not give much thought to acts of aggression may not see any problems regarding the association at all.

## **CHAPTER 5**

### **WORKERS' PERCEPTIONS OF THE IMPACTS OF VIOLENCE**

Since most of the interviewees had been exposed to some form of violence or aggression it is necessary to try and understand the workers' perceptions of incidents of violence with regard to their work and personal lives. When we look at how violence and aggression affects employees' lives, we must first take into account how stress plays a role. Simply defined, stress is whatever stresses people but it's essential properties are not clear (Haan, 1993: 258). How workers experienced certain levels of stress is an important issue to the study because it not only relates to acts of violence but whether or not the workers rely on particular coping strategies. The effects of stress on workers is a fundamental issue when dealing with violence in the work place. The workers' perceptions of stress are important because this determines how they respond to it, how they construct their work and personal lives and how stress affects other workers. Literature on stress in mental health nursing is significant and shows how important the issue of stress is to nurses and its impact on them. For example, in a national sample of nurses Carson, Wood, White and Thomas (1997) found that administrative and organizational concerns, inadequate staffing, lack of time to plan treatment and low morale were listed among the top ten



stressors reported by the nursing staff. The authors found that there was an urgent need for change both at the administrative and senior management levels, a finding that is synonymous with the current study. In another study of 2285 Ontario nurses, Walters, Beardwood, Eyles and French (1995), found that both RNs and RNAs expressed concern about work overload, hazards in the work place and lack of support from supervisors. These stressors were identical to, and experienced by, community living support workers.

When support workers experienced large amounts of stress due to violence they would invariably resort to not only single but multiple kinds of coping strategies in order to deal with stress-related constraints imposed upon them by the administration's policies and procedures; this phenomenon also occurs in other settings such as nursing. Foner (1994) found that nursing aides resorted to certain coping mechanisms in order to deal with institutional rules and regulations so aides would not be "swallowed up by the disciplinary agenda of the institution" (Foner, 1994: 147).

Even though stress affects people emotionally and psychologically it affects people physically as well. For example, Stein and Schleifer (1985) note that stress not only leads to depression but affects the immune system of the human body as well. This is an important point because, even though the study focused on the worker's perspective on violence, the physical effects of stress are just as

important. For example, Holt (1993) notes that a variety of pathologies have been caused by occupational stress which include: skin diseases, peptic ulcers, diabetes, tuberculosis, bronchitis, ulcerative colitis and cardiovascular diseases. Because stress impacts people both mentally and physically it plays an important role when in a person's definition of and response to acts of aggression or violence. There were six sub-categories created from the interview questionnaire in order to analyze the impacts of violence on employees: **Perceptions of How Violence Affects Employees' Work, Perceptions of How Violence Affects Employees' Personal Lives, Perceptions of How Violence Affects Co-workers, Impacts of Violence when Pregnant, Perceptions of Client to Client Violence and Perceptions of Worker to Client Violence.**

#### **Perceptions of How Violence Affects Employee's Work lives**

Throughout the study, many respondents discussed the effect that violence had on their work lives. While only one employee stated that working with violence did not "faze" him, there were variations among the remaining employees in the ways they expressed concern about working with violent clients and how this impacted their work lives. In their perceptions of the effects of violence on their work lives, respondents revealed in subtle ways how stress and fear increased after each act of aggression or violence and how

the complexity of the work place changed accordingly. Some respondents turned to each other for support while others kept their emotions inside.

Respondents had many different concerns about the affects of violence in their work lives. They were concerned about everything from the safety of clients they supported, the safety of coworkers, how they handled the aggression, and the written and verbal responses from their managers and directors. The differences in the respondents' perceptions of violence in relation to their work were significant because it showed whether workers worried about a single issue or multiple issues. This is important with respect to what they viewed as the main stressors in their lives. Differences in the responses of the interviewees toward violence in their work lives were significant also because they showed whether workers 'shut-down' to other people in their surroundings or whether they were more "in-tune" with or open to other people's feelings and emotions. The difference in respondents' perceptions of certain stressors due to the effects of violence was important because their perceptions determined whether the workers coped or did not cope with these stressors. Their responses showed not only how employees adapted or coped with the situation but also the variability and complexity with which the workers either defined their concept of violence in narrow or broad terms. For example, if workers were more inclusive in their

descriptions and analysis of the impact that violence had in their work day, it showed that violence affected their work day with more depth and meaning. Their answers revealed both the physical and psychological consequences due to work place violence. When asked "how has your work day been affected by a violent occurrence?", there were many different responses that revealed the complexities of the workers' perceptions:

It throws the whole day off. Any time of schedule is impossible to follow. You find the rest of your day spent worrying about it (violent act). Thinking about it. Wondering if you did something wrong. Wondering what the comments are going to be from management. Wondering if it's going to happen again. (Int. 4)

...it gets you so unfocused on other things that sometimes the other people that you are supporting tend to suffer. I know that especially after a physical outburst where someone you had to restrain, I'm just physically, physically drained. (Int 8)

...you're worried about if your coworkers got injured. I was angry and that's how my day went and it transferred to my home life too. (Int. 3)

One employee could even differentiate which stressors impacted her more than others and how she could cope accordingly. This worker adapted and responded fairly quickly to most kinds of aggression or violence, even sexual harassment. She became very good at accepting every aspect of violence and remained optimistic as well. Whether the interviewee had resigned herself to the fact that violence was 'part of the job' or used coping methods such as repression is undetermined. In fact, this respondent may have used many defense mechanisms in order to cope with

years of physical and emotional assault. Her view of violence and aggression was important because, like others, she was a senior employee with over six years seniority. This is important because it stands in contrast to the perceptions of other senior employees with the same amount of time on the job. She could deal with problems at work with fellow workers and started fresh the next day:

Of course I'm probably on edge after (an occurrence) but I think the support from your coworkers...talking about it later....and you just come in the next day and start fresh. In terms of a person who has random aggression, I don't go in the next time and am fearful of what's going to happen. I wait to see what happened that day then I'll form my views. I try not to worry about it. (Int. 14)

Another interviewee's response indicated that, depending on the length of time employed at the association (this worker had six years seniority), some workers took an indifferent approach to management's appraisal of the violent occurrence. This is important because it showed that workers who had been with the association for a considerable amount of time began to psychologically resign themselves to management's perception of their abilities as support workers. Workers tended to focus their concerns on their coworkers or their clients and discarded management's perception of them. This became a defining feature between new and senior employees with respect to how their work days were impacted by the administration. New employees seemed to be not only concerned for their own safety, and for the

safety of their coworkers and clients, but had the added stress of worrying about how management responded to their handling of the situation. Senior employees found a way to block out the added work place stress of management's view of their work ethics. When asked "how does violence affect your shift":

Definitely there are some effects I would say. You worry about...was that the best way of handling it. You're worried about if your coworkers got injured. You're worried about the individual having a behaviour...what's going on with them. Are they going to be alright? You worry about the repercussions from management because the behaviours that occurred. Not so much now because I've been on the job so long that I don't give a shit, I don't care what they think.  
(Int. 12)

One worker revealed how difficult it is to try and get back to working with a client after the person assaulted her. The ways in which the worker perceived her client and psychologically fought back her own feelings and thoughts of rage in order to reconstitute her role as support worker was impressive. The worker responded to violence by internalizing and rationalizing the problem away with the aid of her coworkers and could return into her position as care-giver:

It's hard to get back on track. It depends on the extent of the episode. You can almost look at that person and sometimes say "I can't even do anything with you now" or it'll be done and they'll come back and say "do you want to read a book?" Your gut wants to tell you no...you just did what you did...NO I don't. But you again, have to step back...it's done, we have to go forward and sure...let's sit down and read this book together. It's hard to keep going forward after something has happened. And again, that's where your

staff comes in. (Int. 1)

While most interviewees viewed acts of aggression or violence directed toward them on a personal level, there were a couple of respondents who learned how to become emotionally and psychologically "tough" when dealing with violent clients. The difference with these interviewees was the use of a different style of coping with violence. This response proves that, by distancing oneself from violent clients the support worker's performance could actually be impeded. It also showed that some workers were on the verge of mental collapse:

The thing is, if incidents continue to happen you hardened yourself then you're really not supporting the people the way you should because you build a wall between yourself and the client. You know that they could be hitting you at anytime and that's not really giving all your 100% in caring for people. And if it's a little incident everyday in a row, it builds up and suddenly you're going to have a break down yourself.  
(Int. 6)

One issue that interviewees addressed in the study involved their perception of personal safety. Because respondents had experienced some form of violence and aggression, most believed that their personal safety (and that of the client and co-worker) was in jeopardy which affected the levels of stress they experienced. Some workers believed that their work sites were a natural setting for some form of grave misfortune which led to insurmountable levels of stress. Averill (1989) states that psychological

stress is constituted by a person's appraisal of the situation and by their coping resources. He notes that the incidence of stress is sensitive to the attitudes and beliefs that people have toward the risks inherent in everyday life and the capacity to deal with those risks. This is particularly true for community living support workers in their perception of their work lives. While not all interviewees agreed that their lives were in jeopardy, most believed they were safe only when certain violent and/or aggressive clients were not at their sites. It can therefore be suggested that increased levels of stress were determined by which clients the association accepted into their programs. The following responses indicated that worker's levels of stress increased when a particular client threatened their sense of personal safety. When interviewees were asked "Do you feel safe in your working environment?", there were several different perceptions about personal safety:

Right now, yes. We don't have Ann<sup>2</sup> anymore. In the past, everyday I went to work you didn't know what you were going into. My husband would worry. But I liked what I did. I didn't feel safe because of the violence...the uncertainty. (Int. 11)

Well...it depends who are there and the clients we have. I would say most of the time no, and Mary for example...the way she treated Susan (another client) recently.... very violent behaviour. It's always on my mind, that (violence) could come or turn my way at any

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Names of clients, coworkers and respondents have been changed to respect their confidentiality.



given time. You know, when you least expect it, that could suddenly be me. You know, people have been injured at work and Chris (client) broke her teacher's nose...the woman required 2 surgeries and that was when she (teacher) had no idea it was coming. That's the kind of thing it is when you just don't know when someone's going to do something. (Int. 13)

Most of the time (I feel safe). There are times when I don't. I don't feel safe when there are 2 females to a male person we support that's in and they decide to get upset. Two females cannot contain somebody who is enraged. You know...somebody who is larger, bigger, stronger. A lot of the times we seek shelter until it settles down. It's just the only feasible thing to do. (Int. 1)

While almost all interviewees had experienced some form of violence and aggression, almost one-half never felt that their lives had been threatened. This is an important point because it shows that there were differences occurring among the respondents in terms of their perceptions and how serious they believed violence in the work place was. On the one hand, some workers described in great emotional detail how violent clients affected their work and personal lives. On the other, workers maintained that their lives are relatively safe.

A possible explanation for these contradictions could be the fact that workers only see their lives in jeopardy when exposed to violent clients in a particular setting. This could occur whether the aggressive client was there by him/herself or with other violent or non-violent clients in the same building. Another reason could be that only some of the workers have dealt with the most extreme kind of

repetitive violent client while other workers may deal with clients who sporadically act out in a less aggressive or milder way. Other workers may have become accustomed to working with aggressive clients and are hardened to acts of violence, minimize the negative actions of violent people, or simply use regression as a coping defense mechanism. Still, some respondents acknowledged their lives were in jeopardy but for only a moment. The following is an example of how one respondent rationalized the severity and prevalence of a violent act. The worker believed that her life was in jeopardy, but for only a minute:

I think my life had been threatened AT THAT MOMENT...not long term. I don't think everybody had it out for me to the point that I thought that every time I go in.....but at that particular moment....yes. That would have been with Richard and mainly because I couldn't leave him...I was responsible for his safety...so I couldn't leave him. I had to remain in the situation. I had to remain there while he was kicking and punching and pulling my hair. (Int. 4)

There were other workers, however, who chose the 'middle road' in their perceptions of violence. They believed that their lives were not in danger due to violent clients but that threats to harm or to kill a worker shouldn't be taken lightly either:

I don't see it as my life being threatened but my safety and well being. I don't want to be injured...that is my number one concern. I don't ever think about it in terms of killing but hey, some people threaten to kill you so I would take that very seriously. (Int. 14)

Yet, most respondents believed that their lives were in jeopardy when they work with violent and aggressive people even though they continue to remain employed at the association. Many expressed feelings of helplessness because they could not escape their intolerable situations and believed their lives were at risk with violent clients. When asked "Have you ever felt that your life has been threatened?," this workers said:

Yes. (My life was threatened). The one time where the boy got his hands around my neck...that was the one time where I totally felt helpless. (Int. 1)

One respondent feared for the safety of her child:

....yes. I was pregnant and somebody said they would hurt me so my baby wouldn't live. That other scenario mentioned earlier with that boy I was scared to death for my life. I didn't know how far it was going to go. You go to try to use the phone and they pull you away, so you have no means of getting help. (Int.10)

The variability in the workers' views about their personal safety in relation to the violent people they support is important when trying to analyze how workers defined and coped with violence. For example, in the last respondent's remarks concerning fear for her unborn child's life, this worker's definition of and coping methods re violence go far beyond that of a male worker. Male workers do not have to worry about protecting an unborn child and would not have to be concerned about trying to maneuver out of harm's way. Female workers, on the other hand, must constantly be concerned about potential violent clients

"going off" when they have a behaviour problem.

The ways in which workers perceived and adapted to violence in their work lives gave insight into how it carried over into their personal lives. It seemed that the workers who could best rationalize and cope with violence while they were at work, were the employees who were least likely to have problems in their personal lives due to violence. However, most employees could not rationalize or repress their emotions and subsequently thoughts of violence encroached upon their personal and family lives.

#### **Perceptions of How Violence Affects Employees' Personal Lives**

Almost all interviewees noted that violent events at work carried over into their personal lives. Several respondents believed that violence at work not only affected their family lives but many husbands and wives of employees believed that their spouses were working in unbearable situations and that they should resign. The employees' perceptions of their families' responses were important because they revealed that workers not only had to cope with violence at work but that they had to deal with work place violence within their personal lives as well. Many interviewees had a dual problem of trying to rationalize violence when at work, then they had to rationalize acts of violence with their husbands or wives at home and explain to their spouses why they wanted to remain in the human service

field. The problem is that support workers have each other to understand and nurture them at work after a violent incident. This was not the situation when the worker came home. Spouses of some workers became enraged about the prevalence of work place violence and believed the administration was to blame for putting their husbands or wives in unsafe working conditions. A few spouses wanted their mates to quit. Whether the respondent was male or female, concerns from the spouses affected how they viewed their jobs as support workers: negative comments from spouses left some employees feeling like they had no support from their families and they questioned why they remained on the job. The lack of familial support is a significant point because workers then had to rationalize within themselves why they continued to remain in volatile situations. Many respondents noted the negative comments from their spouses:

"Well, why the hell are they putting you in that situation...or why the hell didn't they listen to everybody when they said this was going on...who's running the show? A bunch of idiots?" (Int. 12)

The next interviewee was a good example of how she rationalized working in potential life threatening situations. It also showed the pressure she was under, from her husband, to leave a job that she truly enjoyed. Even though she received negative comments from her spouse and was threatened by a client she still found a way to rationalize her continued existence as a support worker. This case exemplifies the stress employees must

endure when choosing between the love for her family and the love for her job:

Nick picked me up from work (after an assault) and said "Jane, you've got to change your job." At the same time he said "I know you like what you do but this is not safe for you." He says, "what's going to happen with this man if he kills. What the hell am I going to do. What are the kids going to do!" And then after I got home, the kids said "oh my God mom, what happened to your face? I was quite honest with them. I was embarrassed and sick. I thought "oh my God, what am I doing...am I really putting myself at risk here of my life or I'm jeopardizing a lot. I have to re-evaluate my priorities." And it was a choice between my family and what I enjoy.. what I love doing. (Int. 11)

This interviewee was not only blamed by her husband for working in a hostile environment but the husband had constructed her work place to be a crazy environment to work in and he felt she was crazy to continue to work there. The above worker's rationalization of her situation was significant because it helped to explain how she coped with two negative situations: the impacts of violence from work and the impacts of negative comments from her spouse. In a sense, the worker experiences a double-victimization because she is verbally abused by her husband for working at the association. Even though she appeared to be in a lose-lose situation between her work and personal life, she still believed in her role as a support worker. It was still intrinsic for her to continue in the helper role. This was a common feature among most respondents: that even though they knew they were working in intolerable, insane situations, they constructed in their minds that they still needed to

help the people they supported.

There were some contradictions in the responses spouses gave regarding respondents working with violent clients. This may be because husbands and wives of workers either do not realize the conditions their spouses are working under or may support them simply because employees wish to remain committed to their jobs. Spouses supported their mates with positive comments which helped workers cope when working in volatile situations:

My husband would say "I don't know why you do it"... "you've got to have a lot of patience, I'd never do that". That's what I get from him. For the most part it would be "I give you a lot of credit...you need a lot of patience to work with people like that."  
(Int. 8)

...my husband is pretty good about it. He might say "well you did a good job...you handled it the best way you could" or "are you okay" or he'll say "you don't really have to take that" Or, "I knew that you could handle it." Very supportive things. (Int. 5)

It is interesting to note that while there were many variations in the kinds of support from the spouses of respondents, none of the respondents were seriously pressured or persuaded by their spouses to quit their jobs. Whether the responses were positive or negative from their families, most interviewees remained in their work, despite the possibilities of future acts of work place violence. I believe that employees either became very good at repressing their emotions in order to remain involved at the association or became extremely crafty when it came to

rationalizing why they continued as support workers. In either case, it seemed workers used certain defense mechanism to rationalize their experience with violence.

### **Perceptions of How Violence Affects Co-Workers**

Another aspect that emerged from the interviews was the interviewees' perceptions and responses to working in situations where their co-workers had been either physically or verbally accosted by clients. In conversations with coworkers, respondents believed that their counterparts were just as traumatized by acts of violence as they were and employees were genuinely concerned about other coworker's health and safety. Most support workers had deep feelings of genuine concern if they witnessed an assault on coworkers. When asked to describe their feelings at the time a coworker was assaulted and how they responded, almost all respondents experienced fear, anxiety, stress and a sense of helplessness when they tried to help their coworkers. One respondent said:

(I felt ) Sick...just sick. You can't get there fast enough! Some of the (ECACL) guidelines....Yeah... come and work with me for a day and you tell me if some of those guidelines don't bite. Yeah.. run? (from the assailant)....sorry, but when Debra (co-worker) was beaten with a pot....I jumped. And Jim (client).. he's about your size... when he's in a rage you just feel so helpless...you don't feel very supported. I mean, you got to get that pot out of his (hand) and get Debra out. I'm very scared for that person (Deb) and for the individual too. The individual, of course, when they're in a rage...they don't know what the hell they're doing. Some do but some don't. (Int. 11)



The above respondent expressed that she felt sick because she knew that the violence was inevitable at the association and that the reality is coworkers will be assaulted as long as there are violent clients in the association. Her response showed how helpless she felt and her expression of anger toward the administration because she felt they were the cause for work place violence. This was evident when she criticized the administration's policies and procedures. By blaming the administration for work place violence she learned how to cope with the feelings of outrage when her cohort was assaulted.

Feelings from interviewees about violence and aggression on coworkers came up time and time again throughout the study. This illustrated how workers expanded their definitions and perceptions on violence to include other victims. Workers saw many incidents where clients and coworkers became victims of assault and aggression. While a few of the respondents were somewhat nondescript in describing the impacts of violence on cohorts, most interviewees expressed anguish and turmoil which encompassed both their work and personal lives when witnessing acts of violence on coworkers:

It (violence) wrenches my gut...it wrenches my insides. I've been in social services all my life and when someone gets hurt...it is the worst thing that I can think of. It really bothers me...it upsets me because it shouldn't be happening. It happens but it's preventable. It worries me...it keeps me up at night. I worry about pregnant individuals being attacked.  
(Int.12)

### **Perceptions of Violence When Pregnant**

When discussing the impacts of violence with female support workers, the issue of working with violent client when pregnant was a concern that was expressed repeatedly. Unlike male workers, pregnant women felt that acts of aggression and violence left them at a physiological and emotional disadvantage. It seemed that the extent to which people feel threatened or the amount of violence that workers experience is increased when someone is pregnant. This was a concern that I had not taken into account when formulating the questionnaire. Yet, almost every female employee either had worked at the association while pregnant, knew of a fellow worker who worked when pregnant, or had concerns about what would happen in the future if they did get pregnant and had to work with violent clients. Both issues of pregnancy and sexual harassment emerged from the interview without any direct questioning or probes. Women expressed their fears and concerns about the safety of their unborn child, as well as the safety of coworkers.

Whether it was in the form of verbal or physical attacks on pregnant women, respondents believed that working with violent clients while pregnant was quite dangerous for the mother and the unborn child. Women support workers expressed fear, bewilderment and outrage when violent or aggressive clients approached pregnant workers. Pregnant women perceived acts of violence as not only life

threatening but some females were even willing to strike back in retaliation in order to protect their child:

When I was pregnant the first time, one of the guys who had never done anything like this before,.... when I was by myself...these things always happen when you're by yourself...started punching me really hard. You know, he just went crazy and into a fit....and there was no one there to help me or anything. It's a really ugly position to be in, really. It's a very strange thing when you're pregnant. I just felt like drilling him back, which of course, I didn't do. Normally, I wouldn't be very concerned...but being pregnant, you're scared of something happening to the baby of course. (Int. 13)

Striking back at violent clients was not an option that interviewees actually used as a way of coping with violence however pregnant women felt if they were "cornered" by an assailant they would use physical force. Even though pregnant workers may consider using force as a way of coping most respondents still used rationalization as a coping method. Trying to rationalize working in violent settings when pregnant must have added incredible stress to the worker. Not only must the pregnant worker rationalize placing her life in jeopardy but must also rationalize why they place the child they are carrying in danger as well. Exploring the perceptions and coping strategies for pregnant employees working with violence goes beyond the scope of this study but it certainly should be addressed by future researchers.

Concerns from coworkers about the safety of fellow pregnant support workers were expressed quite frequently throughout the interviews. Coworkers believed that pregnant

women were more disadvantaged because of their physical appearance and therefore should not be placed in situations where violence occurs or aggressive clients live. Many questioned the motives of the administration when a pregnant woman was left to contend with violent clients:

I think the person (client) targeted them more because they are pregnant. The problem is, is that they're (admin) not flexible in their management approach. If you have a pregnant person, why are they working in a place where there is an aggressive behaviour potential? That person shouldn't EVER be in that situation...reassign them and put them in a safe situation or back them up with staff. That is ridiculous...if I was a manager, I'd never do that shit. (Int. 12)

Coworkers viewed verbal threats toward their peers as being just as threatening as physical ones. Respondents described how quickly violent people can turn on innocent bystanders who were pregnant. They became distraught at the thought that serious physical harm could come to the woman and her child:

Susan was having a behaviour and I was called on the other side to support another staff member and it was like fighting a bear. I can't remember what the heck it was...it wasn't a pen....it wasn't a knife, it was something from her purse that could've damaged someone.... I think it was a nail file or something. Anyways, it would be like "if you don't get the f\_ck out of here right now, I'm going to stab you...I'm going to kill you", and also to 2 pregnant ladies, "I'm going to kill your babies". How did I feel? I felt very apprehensive, I did. I felt "job re-evaluation here...time for a job change." I guess when somebody threatens your life, you have to be there at the time. It's very disturbing. I felt very disturbed. (Int.11)

While almost all workers believed that pregnant women were more at risk when in violent settings, one interviewee did not share this same viewpoint. In fact, this worker believed that management takes every precautionary step possible to ensure the safety of the worker:

Now, at where I work, because I'm pregnant, if any of the individuals start to threaten...and that's even getting beyond being anxious, targeting...if I feel that I'm not safe in that environment, I have to leave. Then I leave and another staff comes in place. (Int. 8)

The main point here is that there is not full consensus among the workers in their perceptions on working at the association when they are pregnant. This is important because it shows that certain employees view management differently than others. There may be many reasons for these contradictions but the fact that workers do not agree on the association's management of their workers points out that people perceive things differently from each other. They would therefore cope and respond to their perceptions in different ways as a result.

The main concern from interviewees about working with violent or aggressive people while pregnant, however, was the perception that female support workers did not have any choice regarding who they worked with. Some felt that they could not transfer away from their particular work site. Because workers bid on particular jobs (according to their Collective Agreement) it becomes problematic when someone becomes pregnant to leave potentially violent or aggressive

work settings.

### **Perceptions of Client to Client Violence**

Another aspect of how workers's perceived and coped with violence was witnessing client to client aggression and violence. There were many situations when workers not only had been abused themselves by clients but witnessed violent acts of aggression between the people they supported. The workers' views about attacks on clients were defining aspects in how the workers expanded their definitions on violence and how they coped. Workers became emotionally upset because they knew that other clients could be attacked and they could do nothing to prevent the situation. Many were frustrated because the association did not supply enough staff for these critical situations. One person expressed her fear, anger and frustration discussing how under-staffing leads to the potential for client to client violence and blamed management for the lack of personnel:

In the midst of being very busy doing other things, you always have to be looking over your shoulder: if you're going to be cornered...what their mood is.... that type of thing. I think that's the worst thing. Of, course then the other part of violence (is) toward other individuals....they target the ones that are very sweet, good natured, mild-mannered....you don't want to see them getting hurt. But again, the one morning where there were two of us with all kinds of stuff to do...all kinds of opportunity for them to get at somebody else. So, it's really set up for disaster to happen. Right? It's a feeling of helplessness. Like, how much can we really do...like they (managers) want the house to look great when they walk in....want the laundry done, this that and the other thing. All the different little things that you have to do. Yet, they

always want you to be on top of so-and-so to make sure so-and-so doesn't beat them or punch them. It's just not possible. (Int. 13)

The above respondent expressed her anxiety when placed in situations that are understaffed and where clients could assault each other. Her description of the situation explains how she included her definition of violence to include client to client violence and was strictly limited to client to work aggression. Her explanation for the incidences of violence were directly targeted at the administration and she believed that client to client violence was inevitable.

Another interviewee, who worked with children, was truly concerned for the welfare of other young children at the respite home. The respondent feared for the safety of the other clients as well as his own. He saw that acts of violence destroyed the role of the respite centre: a place that is to provide a warm, loving and non-violent atmosphere. When asked "how concerned are you about violence in the work place?", he said:

I'm concerned because when it affects the children and affects myself. I can be very concerned. If it were just to affect the child who is just being violent themselves, no problem. But when it affects the (other) children that are looking for a peaceful, quiet, fun-time, play-time and there is another child going off toward them, how are they going to enjoy that weekend? Even though they are autistic, they do understand. (Int. 16)

While a few respondents mentioned their personal fears and concerns about aggressive acts, many interviewees were genuinely concerned for the welfare of other coworkers and clients. Most respondents placed themselves last when they discussed the effects of violence, showing true altruism in their perception of their role as support workers.

### **Perceptions of Worker to Client Violence**

Even though most workers talked about client to worker violence in the study, one respondent talked about a situation she witnessed in which her coworker was aggressive with a client. This is an important point because in choosing to expand her definition of violence to include worker to client aggression it showed how she expanded her definition of violence. Because she chose to mention a particular case regarding client to worker violence, it also showed that she not only perceived violence as a unitary form of communication but that it involved a bilateral form as well. Her testimony involves how she felt when she saw another employee verbally and physically abusing one of the clients who would not conform to her commands. Worker to client violence is an important issue because it shows how a worker responds to non-compliant clients which is a coping strategy for somebody who is experiencing stress from problem solving. Worker to client violence is a significant issue because even though clients may become frustrated and



use violence as a means of communication, the reverse could be true for workers as well. The following example describes the incident, shows how she internalized witnessing worker to client violence and how she confronted her fears. She also mentions her struggle when trying to face the fact that she must report her coworker to her superiors:

I first viewed it happening to a number of individuals. It was a co-worker...mid-management. I had noted that on a number of occasions that she was abusive to a number of clients in a degrading type of way. Other staff picked up on it. I then saw her physically abusing one of the individuals. It started as verbal....very direct put-downs when the person didn't comply to what staff wanted. She picked the lady up by the shirt then slammed her against the wall, then back into a chair. At that point, I said something. I can remember wanting to run. I could remember wanting to leave. I did not want anything to do with it....it just reminded me too much of my past. And I did run..not literally but figuratively. I wrote up the incident report and didn't lie in it but I didn't give all the information because I didn't want to be involved in it. (Int. 4)

Because this worker had to witness worker to client violence it showed the added stress that she faced with already working in a violent work place. It also broadens her definition of violence and forces her to resort to particular coping mechanisms to deal with the situation. Witnessing worker to client violence causes problems for workers in trying to justify or rationalize their role as support worker too. Workers must somehow rationalize why they work in an environment that has violent clients as well as violent coworkers.

## **CHAPTER 6**

### **WORKERS' PERCEPTIONS OF MANAGEMENT SUPPORT**

According to the sixteen people that were interviewed, the perception of managerial support regarding violence and aggression was the most important theme that emerged in the study. The majority of the respondents were quite critical and negative about the reactions they received from their managers, directors and the executive director with regard to violent acts that occurred in the work place. Even though respondents were asked specific open-ended questions regarding their perception of support from management, the majority of workers expanded their perceptions of managerial support when answering other non-specific questions asked in the study. For example, when interviewees discussed their view of client to client violence, employees would mention the significance of management support with regard to extra staffing or how certain clients are scheduled with others at respite sites. This point is important because employees would draw in specific aspects of management when not prompted which therefore expanded their perceptions of and explanations of violence in the work place.

When questioned about how they perceived support from their managers and directors, workers expressed feelings of frustration, abandonment and insecurity (to name a few) due to the lack of support at all managerial levels. Some

respondents did not feel that the administration gave them respect or believed in their capabilities for making important decisions in their work. These feelings were due, in part, to the perception that workers did not have control over their work place environments. For example, many workers felt constrained by policies and procedures and perceived their managers and directors as autocratic. For interviewees, maintaining a certain level of control over their work was fundamental when determining how they viewed their roles as support workers and whether they believed their inputs were valued by the association or not. In the current study many respondents believed they had no control over most aspects of their jobs as support workers. Literature suggests that when people perceive they have no control over certain events in their lives, stress levels increase and feelings of learned helplessness begin to take place. Learned helplessness involves passive behaviour produced by exposure to unavoidable aversive events (Weiten, Lloyd & Lashley, 1991: 98). Eventually, individuals fall into states of depression especially when they realize they have little or no control over significant life events (Zimbardo, 1992: 640). This was found to be true in the current study where many employees, especially women, often felt depressed because they believed their situations were uncontrollable and unavoidable.

Kofta and Sedek (1989) note that, when anticipation of loss of control is associated with uncertainty about the occurrence of a negative event, anxiety will develop. Lack of control is the fundamental factor in eliciting stress reactions and depression is also likely to emerge. (Kofta & Sedek, 1989: 81-2). The issue of whether community living support workers perceived they had control over their environments was determined by their perceptions of the kind of support they received from their managers and directors. In other words, if workers believed they did not have control and autonomy over their jobs, or had the perception that management did not support them through things such as extra staffing, it led to increased levels of stress and forced them into a state of learned helplessness.

In the current study, workers believed there were five factors that led to the respondents' perception that management did not care for, nor support, their workers after they became victims of physical assault and/or verbal aggression. These were: **Blaming the Worker (for the violence), Perceived Lack of Management Involvement, No Debriefing\Counselling programs, Inaccessible Emergency Services, and Insufficient Pay.**

To understand why workers believe they are not supported by management, it is first important to describe the processes that happen after a worker or client has been accosted. After a worker has experienced an act of violence

or aggression, there are several actions that the worker (or coworkers) must take. First, the worker must immediately contact a manager through a beeper service. The employee will call and leave a message with an answering service who, in turn, contacts a manager who is on-call at that particular time. If and when the message is received, the manager will immediately call the respite home or other location and find out the details of the serious occurrence. After the event is discussed with the manager, the worker must fill out a Serious Occurrence (S.O.) Form which describes the incident including who was the aggressor, the other individuals involved in the aggression, injuries incurred, any physical or material damage done and action taken. The Serious Occurrence Form is filled out in duplicate. The original form is sent to the head office to be read and reviewed by the immediate manager of the location, the director and the executive director. The duplicate copy stays at the work site, and is placed in a Communication Book so all employees will have a chance to read about the incident.

All managers, directors and the executive director give recommendations and sign the original form. The original form is then sent back to the location so that the worker or coworkers involved with the incident can read any comments or recommendations by the manager and directors. It is also left up to the immediate manager of that location to discuss

the serious occurrence at their bi-monthly meeting if he or she chooses.

### **Blaming the Worker**

One of the main reasons workers perceived management as lacking in support was due to the comments that came back from managers, directors and the executive director on the Serious Occurrence forms. Almost every interviewee in the study viewed these comments as non-supportive, negative, accusatory and felt blamed for the incident. Many workers believed that when management focused on the worker as the cause of violence, the onus for the incident was not only directed toward the worker but that it was the worker who needed to be changed, not the work place or the aggressive client. This a common practice used by employers: where accidents are primarily viewed as a result of worker "carelessness." Management believes that workers are the ones who need to change, not the organization; this phenomenon is known as the Accident Prone thesis (Sass, 1986: 570). Sass (1986), for example, notes that when accidents occur in the work place, management believes it is due to "accident proneness" or to "bad attitudes" of the employee. Therefore, in order for accidents to be prevented workers should have a "positive attitude", "be more careful" and "obey their superiors." Focusing on the victim instead of the incident is a common tactic used at the association

where blame is placed on the support worker.

Reasons, Ross and Paterson (1981) found that when organizations "set up" the victim this frees the company or business from blame. It leaves the employer without any culpability and thus without reason to change the working environment (Reasons, Ross & Paterson, 1981: 140). Attention is therefore turned to certain kinds of workers for the causes of accidents. The authors note that if particular 'kinds of environments' are viewed as more violent than others then the focus is changing the work place and not the worker (Reasons, Ross & Paterson, 1981: 137-8). Employers are less likely to adopt this view and more likely to place blame on workers for work place accidents or mishaps. In turn, employees turn in toward themselves to search for answers to work place violence rather than looking at the administration.

Community living support workers expressed these sentiments throughout the interviews. Many believed that the administration was less likely to look at issues such as the kind of client the association admits and was more likely to focus on the worker as the problem. Workers believed that management focuses primarily, if not solely, on them when looking at how the violent incident or act of aggression was handled. Most respondents perceived the recommendations on the Serious Occurrence as accusatory. Comments focused on what the worker should have done to either prevent the

situation or how they should have handled the occurrence differently. Many respondents believed that the "worker responsibility" ideology was used by managers to maintain control over workers so that employees would always be held accountable when some form of violence took place. This was found to be true in Hall's (1996) study on miners in which managers tended to emphasize "human error" when it came to mining accidents. One person in his study believed that "we need to get our workers to develop the attitude that they are the ones who can eliminate problems" (Hall, 1996: 103). Similarly, support workers in the study expressed the feeling that they were the ones who were blamed for the incident and that they were expected to solve the problem also. The workers' interpretation of the comments on the Serious Occurrence form was fundamental in their perception of support from management. One frustrated respondent said:

You always get questioned (on the S.O.)..."was there anything else you could have done?...did you try this?"...you know ?..WHAT DO YOU THINK I AM, AN ASSHOLE? (loudly) Do you think I'm not going to try anything that is humanly possible (to prevent violence)...of course I am! (Int. 2)

Workers also believed that their superiors were too far removed from the front-line situation and therefore could not possibly understand the worker's situation. The manner in which the employees interpreted these comments led many workers to pit themselves against the administration because



the employees felt judged and blamed for the incident:

Some of comments are negative and you don't want to be judged on how you handled it. Maybe that's my perception but certain things are like, how can a person really appreciate what you did if they weren't there to see what happened. My reaction is like okay...I'd like to see how you'd (manager) handle it in that situation...maybe we should all learn by example. I just feel like if you're not in that position it's hard to judge and we were not physically aggressive, not verbally abusive...nothing like that was used at all. So, how can you really criticize a person's reaction especially when there were no grounds for it. Yes, it's fine appreciating what the individual (client) is going through, but I think it comes to a point where if you don't recognize what your staff is going through, you won't have any staff. (Int. 14)

Sometimes on the back of the Serious Occurrence, some of the questions that your manager might pose to you and the director poses, it's almost like they're blaming you for the incident instead of receiving the support. You feel blamed for the things that you should have (known better). They write questions like "well, what caused this aggressive behaviour." And you'd document everything that you thought the cause was and then they question you at every turn. They're (admin) not very helpful. (Int. 10)

Some interviewees' perceptions of blame were blurred by the fact that they had good working relationships with their immediate managers. They believed their superiors were supportive because they did not explicitly come out and blame the employee for the violence. However, the "worker responsibility" theme still seeped through in conversation with the employee in the way they handled the situation. As revealed in the following interview, the worker was still the focus of how she handled the incident. When asked "Has management ever blamed you for a serious occurrence?" this

respondent said:

No. Again, they (managers) believed in you. The two that I had, ....very lucky because they take the time to know who you are and they trust your judgement. They would say "maybe next time you could try this" or "you know what you did, boo, boo!...But geez, we're not perfect people." (Int. 11)

The difference in one worker's belief about how they were blamed for violence as compared to another is important because it shows how one worker perceives management support compared to another. For example, with the first three respondents they believed management negatively responded to them on the Serious Occurrence forms for how they handled the situation. They believed that management did not realistically see that it was the client or work place conditions, but blamed them. The last respondent believed management did not blame her even though the comments on the Serious Occurrence form were directed toward her and her abilities and nothing else.

Even though most of the interviewees had negative perceptions about their managers and directors a few believed that positive management support depended on who the manager was. This was an interesting fact because respondents' views regarding managerial support rested on their immediate managers and were not reflective on the directors or executive director at the association. These variations in the workers' perceptions of overall management support are important because they show that workers defined

support either at the macro level (entire administration) or at the micro level, involving only their immediate bosses at their work sites. For example one respondent stated:

The last incident that I was involved in, the sexual aggression, my manager was very supportive. She stuck up for me, offered suggestions and tried to improve the situation...tried to push for solutions, not just temporary solutions but long term plans. She's really good with that and follows it up with memos in the book. I think the support is positive. (Int. 14)

The workers' perceptions of managerial support, based upon their immediate superiors, were important because they gave insight into how they coped with that particular serious occurrence. Some employees believed that if managers were verbally and emotionally supportive of their workers, it made them feel wanted and respected as support workers. They believed that their managers were "walking side by side" with them during a violent occurrence and that managers genuinely cared for them. This, in turn, helped workers cope with the incident. Workers could differentiate between "good" and "bad" managers and placed a lot of emphasis on whether or not the manager took an active role in their lives after the incident:

I had one manager who...as soon as I contacted them...drove and was there in minutes and was part of the support team and involved and took the time to stay with you and help you sort through things. And then I've had managers who write it up, submit it, pass it on...they don't tell you if you've handled it well...nothing; no response. Some managers are good, some bad were there is no support. In terms of debriefing, for the most part, I have worked with managers who are really good. Usually, the both managers followed through my situations for at least

one month and a half to two months. And I've had it for a week..it just depends on the situation. Then again, I have a manager who would never bring it up again. I found that walking through it with me was healthier for everybody involved. (Int. 1)

The individual worker's perception of his/her managers was crucial in terms of his/her overall view of the organization, his/her role in it and the coping strategies he/she used. Different managing styles seemed to determine whether or not the workers felt supported by their superiors and if they needed to resort to certain forms of coping such as peer and family support networks. Managers who took immediate action at the time of a serious occurrence were viewed as part of the support team on site and were perceived as a manager who took interest in their workers:

I think it depends on the home and I think it depends on your manager and the workers you have with them. I've been in previous homes where I would have to say that it is almost a morbid atmosphere...um very monotonous...very routine and it was structured that way. There was no give and the managers liked it that way and that's how the workers had to work. And then I've been in other homes...like the one I'm in (now) and we have a great team. Everyone works together. If someone has a problem we can usually approach each other and our manager totally supports and backs us. (Int. 1)

Because workers may have open and close personal relationships with their managers and directors they do not feel blamed for the incident. They feel that their managers are only using "constructive" criticism in their responses, believing that every serious occurrence must be worker-focused. Other workers may believe they work in adversarial

relationships with their superiors and therefore maintain the belief that management is not only targeting them but that the administration should take some accountability for violence in the work place. In any event, the facts from the study show that the majority of workers believe they were blamed for most violent episodes at the association.

### **Perceived Lack of Management Involvement**

Because workers perceived managerial comments and recommendations on the S.O.'s as negative, condescending and judgmental, most employees believed that these comments represented a lack of management involvement and support. Interviewees believed that managers and directors were not in touch with workers' feelings and concerns because they were too far removed from the actual work site where the violence occurred. In effect, employees believed that the administration had constructed employees as inanimate objects who should adhere to company policies, harden themselves to violent acts but still provide emotional support to the client.

The importance of how workers perceive management involvement in day to day affairs is crucial in understanding employees' attitudes toward the administration and their views on managerial support. House (1981), for example, postulates the importance of supervisor attendance especially in situations where the opportunities for

"cohesive interaction with coworkers may be limited" (House, 1981: 94). Because of the interviewees' beliefs that managers and directors were not involved with their locations, workers felt inferior and even angry toward the administration. Employees believe that their self-worth as support workers is diminished and minimized. Lazarus (1993) notes that anger depends on the appraisal of one's self-esteem. When someone's self-esteem is injured or threatened people become angry. This was the case with the following respondent:

A few of the comments, you know, they felt that you handled the situation well and you'd get "thank you for your continued support"...blah, blah, blah. Other times where you think you'd handled it well and you're getting support from other people and hear from them (coworkers) "yeah, that's what I would have done," then management comes back with snide little comments. It's just after thoughts and I just feel that some of the comments, like they think they are superior and know everything that goes on. Meanwhile, they are so far from the situation that they're devaluing your efforts. They'll put down a comment and you sit there and think "how can you say that...that's just so rude". I know that I've been upset a few times just reading their comments. I think maybe they get so many serious occurrences that to them it's almost a game filling them out like "you should have known better"...stuff like that. Like they take the upper hand. It makes me feel really crummy and it doesn't give you much respect for them (admin) at times. (Int. 10)

One worker was very angry and became cynical in the interview about responses from the administration. She also had some personal recommendations and comments about her own manager and her director:

I think that person (manager) has a book of comments...and she chooses which comment to use in

which situation. Very rarely is there any difference between one incidence and another you know, in what she says. And I find her comments to be quite negative. I think she REALLY has no idea of what's going on. She needs a BIG WAKE UP CALL (loudly) as far as I'm concerned. Then, the executive director....I think she understands more but a lot of times, the comments that come back from her, again, I think we've already done them. Sometimes the comments...you know you read them and say WELL, DAH!....we did this 3 months ago...we tried this. What do they think that we are doing? Like, come and read our log book.  
(Int. 4)

Workers expressed disappointment, frustration and anger in the interviews when they mentioned the kinds of comments that came back from managers and directors. Many felt that some managers had minimized workers' injuries when dealing with violent and aggressive clients. Respondents felt neglected because of the perceived lack of managerial involvement on the front lines, especially at times of crisis. Interviewees said the lack of management involvement affected the overall morale of the association:

Front-line, I think there is a big problem with morale. I think that people are feeling abandoned...just kinda get left out there to handle major crises that come up. Then after they handle them the best way that they can, and when they are all over with it (incident), a lot of times they're suddenly faced with all this criticism. And even when they do get praised, there is always a BUT attached. So, morale is really low as far as I'm concerned. (Int. 4)

This last respondent identified the fact that workers were feeling abandoned in the work place. This was important because it means that workers feel that they must contend with any crisis on their own without any support. Feelings

of abandonment may indicate that employees have no means of coping and resign themselves to the fact that they must accept violence as part of the job. One interviewee noted that there is a direct relationship between the lack of managerial support of the employee and the relationship to the clients the association supports. If workers do not feel supported then they are not in the proper position as workers to support their clients:

Support is a full circle. If the management or head office supports the staff...we can support the individual BECAUSE THAT'S WHY WE'RE HERE (loudly) for these people. If you don't feel supported, you feel pretty insecure. You want to give the best care to these individuals and sometimes it's difficult when you're not getting that full strength. HELLO?? Support goes all the way around. (Int. 11)

### **Lack of Debriefing & Counselling Programs**

Interviewees believed that management also lacked support because the administration did not provide injured workers with any kind of debriefing or counselling programs. After physical assaults, many employees expressed to me that they needed a mechanism such as counselling so that they could vent their anger, hurt and frustration in a formal and professional setting. Even though employees depended on each other in order to make sense of why the incident occurred many believed something else should be offered from the administration. This was similar to a finding by Poster (1996) who cited the importance of 'critical incident



debriefing' when trying to alleviate stress responses accompanied with violence.

Workers believed management should provide a program that would offer compassion to victimized employees. Most interviewees believe this could be best accomplished by providing professional debriefing and counselling programs. Respondents knew that peer support debriefing, although helpful, was not enough when trying to cope with violence. When asked if there was any debriefing programs available to employees, this respondent said:

Generally none. I think if it's (peer debriefing) done, it's done very informally...it's not a formal system...there should be a formal system. I don't think that it should be just left to those immediate days after the occurrence, but it should be an on-going thing. Weeks...months...years. I think that it is ineffective 80 to 90% of the time. I think the informal type...the co-worker-type stress relief where you're bouncing it off of coworkers or your managers...it's a good thing... you know it happens and that's good. It happens in staff meetings...that's good. In terms of support plans...that's good. BUT IT'S NOT A PROFESSIONAL TYPE DEBRIEFING!...where somebody's been assaulted, accosted, injured or whatever. It's not professionally set up where you have somebody who's a professional, a psychologist or a professional psychiatrist coming in and facilitating group debriefing with peers, with management...maybe even involving individuals (clients). It's not occurring professionally. (Int.12)

Because the association did not provide professional services such as counselling and debriefing programs, employees believed that management did not have compassion for their workers. Some employees mentioned that, because the administration at ECACL failed to make available

debriefing and counselling programs, a moral and ethical contradiction was taking place there. For example, interviewees said they were hired as support workers: to support people who have some form of disability and to offer love, compassion and encouragement to those clients. Yet, when workers became injured or "disabled" on the job, they were not offered the same kind of support by managers and directors.

### **Inaccessible Emergency Services.**

Another issue that was brought up in the interview room was the fact that workers did not feel support from management because they were not allowed to use emergency services, such as the police, when acts of violence became uncontrollable. The use of outside services as a method of coping with violence is frowned upon by the administration. Employees are led to believe that by calling police the general public would be made aware of the fact that violent clients reside in their area. The belief that workers should not call the police brings back the notion of learned helplessness in which workers are forced to accept violence in the work place. Some workers felt that their "hands were tied" when it came to using the police and/or other outside services as a means to control aggression and violence:

I don't think they (administration) support you calling them. In the policies and procedures it says clearly that if there is anything that is going to embarrass our agency you have to call the beeper.

So, if I'm going to call the police because Mary has a knife and is going to stab me, instead of calling the beeper service first, they're going to be upset....because they don't like their name mentioned in that situation. That's not good. People in the public are not educated in the way we are and would not understand in the way that some people are acting. I know the history behind certain people so I know why they're out in the public doing this sort of thing. But, it'll get news for sure...they (media) prey on that sort of thing. It places us one step forward but 2 steps back because if the public does not see us as a positive thing then it ruins it for the association. I do understand that, but, at the same time I don't feel totally safe knowing that I have to call a beeper before I can call 911. (Int. 6)

While some workers believed they could not use outside sources to contend with violence some employees believed that it was okay to call emergency services when needed. One worker believed in calling the police and would defend herself if management criticized her for it. This respondent showed that she no longer believed in some of the policies of the organization and that she would resort to using the police anytime she felt in danger. Because she feared management's reprisal and felt she had to defend her actions, it showed that she did not feel that management supported her and her abilities to judge a work-related situation. This worker believed in her own role as support worker and would do the necessary thing if violent clients got "out of hand" while on her shift. Because she has over three years with the organization she may not feel intimidated by the administration and she has established her own set of principles. When asked "How do you feel about

calling in emergency services such as the police to assist you with a violent or aggressive client?," she said:

I'm totally comfortable with that. I feel that if I'm in danger, or my other individuals are in danger, especially the one (client) who tended to go toward Sue, who was in a wheel chair, helpless defenseless...lets beat the crap out of her (attitude). She's done that quite a few times and I don't have a problem with that (calling the police). If management ever came down on me for calling the cops....I know one of the reporters for the paper, I'm sorry, I'd blow it wide open. This safety and quality of life here is very important for these people...sorry....I don't have a problem with that. (Int. 11)

Other respondents felt that the ECACL is slowly starting to make progress when it comes to using outside emergency services. They felt that years of complaining about aggressive and abusive clients in the work place have caused havoc on employees. This issue is brought up quite often at health and safety meetings but is never really dealt with. One worker believes that management is starting to listen to their complaints on violence, however, not without a fight:

I think they're (admin) starting to understand where we're coming from. Where that's based on is on the fact that it's protection for not only the individual (client) but for the staff. But it hasn't occurred over time very well...it's been a knock-out, drag-out thing with health and safety staff meetings in trying to establish some back up for staff and the individual as a meaning approach for the individual at that particular point in time. It's been a long hard road to convince upper management that this is a proper and effective way of dealing with the situation. I mean, to management, (it's perceived) that they were letting down the client or the program or that it was inappropriate...that there may be fallout or incriminations against the individual. And, I don't think that's the case with most situations. (Int. 12)

Interestingly, because this worker believes that management is finally starting to address issues such as violence in the work place, albeit not expediently, it may be a reason for some workers to stay at ECACL. Some workers may maintain the ideology that "sooner or later" management will yield to worker's demands. The respondent has hope that someday the issues of aggression and violence will be dealt with. This will be determined over the course of time.

### Pay

The final issue where workers believed management does not give support was with respect to pay. The issue of pay was not addressed on the questionnaire, however many interviewees complained that insufficient pay equated to lack of support and enthusiasm for clients. Pay and pay increments were a significant factor when determining how they perceived managerial support. Workers constantly mentioned throughout the interview that they had not received a pay raise in the last 6 years. The community living support workers view their jobs as involving certain characteristics that make it undesirable. Because of this view, respondents believed that they should be paid accordingly. Workers felt that management did not value their efforts as support workers because they did not offer a decent wage or at least some form of remuneration for the increase in the cost of living. The perceived lack of a

decent rate of pay became a problem for workers because it was hard for them to rationalize why they remained involved with the association. A common phrase used by many workers was "we're not getting paid enough to put up with the violence." As a researcher, I questioned "just exactly what ~~is~~ enough pay to put up with violence and aggression?" I wondered if employees continued to remain there in hopes that "someday" they will get a pay increase or that pay equity laws force the administration to raise the level of wages.

Workers believed that receiving low pay symbolizes that they are low class workers; workers that will do almost anything in order to make a living. This mentality dissolves the notion that community living support workers actually consider themselves to be professionals. Since professionalism refers to a group of people who compete for status and income (Johnson, 1982: 32), interviews with the respondents revealed that support workers do not view themselves as professional workers. They believed they had no recognized status and received insufficient pay.

The fact that managers also treated employees in a non-professional manner as evidenced by placing blame on the worker for incidents of violence, led respondents to view themselves as non-professionals. This, in effect, caused morale to be low, both individually and collectively. It also led workers to believe they were on the 'bottom rung'

of the human service occupational ladder in which they had to accept any and/or all kinds of occupational hazards such as violence.

Respondents believed that they had to be crazy to put up with the violence, making it harder to cope and make sense of why they continued to stay. This mentality, of course, intensifies the stress that workers must endure and may have an effect on how they interact with the people they support. One interviewee believed that, when working with dangerous clients, employees should be remunerated accordingly. She also had difficulty rationalizing the risk she takes as a support worker which led to significant amounts of stress:

This kind of relates to the behaviour people, when you have to go through all of that stress. I mean there were days I would go home frazzled. You know, I haven't slept that night because maybe they were up all night....I can't even go home and have a nap because I'm so stressed out. Like I'm sleeping but I'm awake. That's how stressed I am. You just question "is it really worth it?"...you think "if this keeps up, I can't take this...it's not worth it." I mean, with jail guards they get Danger Pay with their job. Where is our Danger Pay? Sometimes you wonder "there should be a premium with working with certain people." So, either you like it or you leave it kind of attitude. There are no benefits and I think if you have the perception that upper management is not supporting you, then there is no incentive to stay. (Int. 14)

Other workers believed that management's reluctance to give pay increases also decreased morale in the agency. Respondents believed that their current pay was not meeting their financial commitments. The fact that management was

not compassionate to employees' needs compounded the problem of rationalizing why the worker continued to stay employed at the association. Even when workers compared their jobs to that of other organizations, it was easy to see that interviewees believed management did not support them. By comparing to other employers, interviewees believed that the association they worked for neglected basic worker's needs and wants. One respondent felt dissatisfied with his job and was under stress because the organization did not keep up with the basic costs of living. However, even though he complained about receiving an insufficient paycheck, he still rationalized why the association did not give him a pay increase:

One of the negative aspects is that I haven't been given a merit raise in the past 6 years. If you talk to other service workers...it's the government cutbacks and that's why I'm dissatisfied with my job, because of the rate of pay I've been receiving in the last few years. You see people in the auto industry and other professions climbing the ladder...climbing the pay scale...they're making ends meet. People think that because I've got this house that "wow, this guy must have money rolled up in a bank account somewhere" but the fact of the matter is, is that the bank owns this house. I'll be paying it off for the next 25 or 30 years. On the one hand, I feel like they (ECACL) are just slapping me in the face then on the other hand, I'm not the only one in this boat. (Int. 3)

Throughout the interviews, I noticed a lot of frustration amongst the respondents when it came to discussing how much control they felt they had over their jobs. It became evident that community living support workers felt that the association had them "over a barrel"



when it came to union issues such as pay increases and health and safety. The frustration probably came because employees believed that when working in the human services sector (similar to doctors and nurses) support workers are viewed as essential services, and therefore not allowed to take any strike action. This, in fact, is not true. Workers are allowed to strike at the expiration of their two year collective agreement. However, because workers believed a strike would have serious consequences for the people they supported, no respondent entertained the idea of their right to strike. Coupled with the fact that support workers should never place their clients at risk due to any kind of strike action, workers felt they were confined to a helpless situation; one in which they have no say or control over issues such as pay or health and safety. This is an important point because even if workers believed their lives were at risk, they still could not refuse to work with certain clients. Sass (1986) notes the importance of allowing workers the right to refuse a job or task when they believe it to be dangerous to their well-being. If community living support workers do not believe they have power or control over critical issues such as violence, they give up or turn to "learned helplessness" as a coping method.

Although workers knew they could strike they felt their hands were "tied" because they knew they could not walk off the job and leave the clients in vulnerable and life

threatening situations. Because workers believed it was unethical to strike, it seemed respondents learned to cope by becoming submissive to their superiors. Some individuals maintained defeatist attitudes and became depressed when they felt they could not strike for issues such as pay. One frustrated person said:

We can't strike like Chryslers because we are an essential service. I used to be very enthusiastic about my job. When you're looking forward to a pay raise that's going to make things easier for your family life. That kinda makes you work a little harder and, you know...go toward that goal. When those merit raises stopped that wasn't the only thing that stopped...other things were taken out of the collective agreement. The cutbacks affect my work these days. Sometimes, when I have a mountain of paperwork, doing summaries and support plans...getting caught up because I never had time last month, I sit there sometimes and say why? My cousin works at Fords and makes close to \$20 per hour...puts his 8 hours in and goes home...and spends the rest of the time with his family...he gets a good paycheck. Why can't we make at least what other people in other provinces make? It affects it because people are not as enthusiastic about their work. There is no reward, you know. Most people identify themselves with the work they do. If you're doing a job that you don't feel your being rewarded enough for...you're not as enthusiastic about doing that job. (Int. 3)

When workers become less enthusiastic and more frustrated because they believe they have no individual or collective power over their employer in terms of ascertaining certain needs and wants, stress levels increase. Because there are no services such as Employee Assistance Programs available at the association, workers must turn to peer and/or family support networks or other avenues such as substance use and even quitting as ways to cope.

## **CHAPTER 7**

### **COPING STRATEGIES**

It is necessary to look at how workers cope with the issues of violence and management support. Respondents resorted to coping strategies not only to protect themselves physically but psychologically and emotionally as well. Coping strategies are used to prevent, divert, or manage both acute and chronic sources of distress. Zimbardo (1992) defines it as the process of dealing with external and internal demands that are perceived as exceeding an individual's resources. Coping consists of emotional, behavioural or motivational responses and thoughts. Probably the most important point here for support workers is that, when coping strategies are successfully employed, they help people maintain their sense of sanity. Zimbardo states that for coping to be successful, our resources need to match the perceived demand. He notes that people must use multiple strategies and, most importantly, they must successfully match their resources for coping with the perceived demand (Zimbardo, 1993: 488). This is an interesting point because in order for community living support workers to successfully cope with stress they first must successfully identify what the stressor is, in order to overcome it. Understanding the differences in how workers cope are also significant because it explains why workers define and perceive things in particular ways.

According to Folkman, Chesney, McKusick, Ironson, Johnson, and Coates (1991) "coping" refers to behavioural and cognitive effort to handle specific demands that are viewed as exceeding the resources of the person. The workers' consideration of coping strategies is important because it helps to explain, not only how they respond to violence, but the coping choices that are available to them. In the current study, interviewees resorted to a number of different coping strategies. To find out what their were, respondents were asked general questions such as "How did you, or do you, deal with violent incidences?" and "Do you take any substance such as alcohol, tobacco or medication to deal with problems at work?" Respondents contemplated nine strategies when faced with violence and aggression. They are: **Peer Support, Support From Family and Friends, Fatalism, Use of Humor, Substance Use, Quitting, Absenteeism, Grievance Procedures and Self-Blame.**

It became apparent throughout the study that most respondents used a combination of single and multiple coping strategies when trying to cope or respond to violence. For example, while one respondent (#16) used humor as a separate way of dealing with stressful situations, others used combined forms of coping such as peer support, absenteeism and substance use. The single most important coping strategy used overall, however, was peer support. Most employees in the study sought to find an external kind of culture in

order to cope with work place violence. Peer support became extremely important in terms of how they constructed their work lives and how they coped as well. Workers turned to coworkers for emotional, psychological and physical support because they did not feel there were any other viable options available to them.

### **Peer Support**

One of the most dominant and frequently talked about themes in the study was the importance of peer and social support mechanisms such as peer and family/friends support networks when trying to cope and make sense of work place violence. House (1981) notes that social support helps reduce stress, enhance the quality of working live and protects the health of individuals. Social support is the "product of social activities that enhance people's sense of mastery through sharing tasks, giving material and cognitive assistance and providing emotional comfort" (Goldberger & Breznit, 1993: 685). Social support networks help individuals attain a person's basic social needs such as affection, esteem, approval, belonging, identity and security through interaction with others (Aneshensel, 1996). According to Aneshensel (1996), social support systems help people deal with their sense of powerlessness from jobs in which one does not choose what to do or how to do it. This is the situation with community living employees who feel

powerless in their positions as support workers and who turn to their cohorts for comfort and support.

Social support literature in nursing illustrates how important peers are when nurses are faced with insurmountable levels of stress at work. For example, Toloczko (1989) found that when nurses met for six weekly, 2 1/2 hours sessions, they were able to recognize signs and symptoms of stress which, in turn, reduced emotional exhaustion and depersonalization. Peer support is a coping strategy that most health care workers use as a quasi-debriefing mechanism to alleviate their perceived stressors. In a recent study on U.S. nurses, Jensen (1996) found recent changes in the delivery of health-care such as short-staffing increased the likelihood of injury, illness and chemical dependency among staff due to these stressors. Jensen found that peer support systems were important mechanisms when helping nurses restore health, face reality and sustain work performance which helped nurses re-gain their self-respect. Ogus (1990) also found that nurses with high levels of social support reported less burnout than nurses with few or no supports, regardless of level of work stress. Differentiating the levels of peer support in the current study was not possible, however many workers believed that peer support networks were fundamental coping strategies when facing work place violence and aggression.

With community living workers, peer support acted as a debriefing mechanism for most respondents. This coping mechanism helped workers vent frustrations and sort out why the behaviour of the client took place. Through the help of peers, injured employees could then determine what could have been done differently, how to approach the client after a violent behaviour took place and why management views the incident in the manner they do. Workers could create a situation or environment which compensates for everything else that is wrong with the association. It gives them a sense of control in the organization, partly because everyone is looking after each other. Because they could depend on each other, respondents created a close-knit culture. It helped them define and re-define themselves as health-care workers. The reliance on peer support was also fundamental in rationalizing why employees continued to work in dangerous situations.

Dependence on each other was also due, in part, to the fact that many interviewees believed they did not receive much support from their families. Since there was a lack of support from home, which created more stress for employees, employees strengthened the bonds of friendship with their coworkers. All respondents emphasized how important it was to be able to express their feelings and thoughts with coworkers and how they dealt with the clients they

supported:

I think front line support staff use each other as their support. I think there is a lot of time spent on the job talking over incidences that happened because that's the only place they can talk about it. So, there is probably a lot of time wasted in that kind of situation. And that's time that should, in my estimation, be spent with somebody trained to help staff deal with that (violence). I mean it's a trauma and people need to be able to talk it out. So, if they're not getting it from management, they get it from each other and they do it on the job and it's wasted hours. (Int. 4)

The common denominator that almost all interviewees had with each other regarding peer support was the fact that all felt they were faced with the same kinds of situations. I asked about the content of the conversations that employees had among themselves because I was interested in the discourses that took place among workers. As noted earlier by Berger and Luckmann (1966), language builds up semantic fields of meaning that are important in people's interactions with each other in everyday life. One employee said:

I really doubt that there has ever been a shift that has gone by that we don't talk about something that has happened with somebody regarding some type of aggressive act that happened. They talk about the same kind of things...you know, sexual aggression, people grabbing people...hitting people, depending on what area it is. For example, at one site it was biting,...because of younger kids...a LOT of biting. Severe biting. A lot of pinching, spitting...and that (spitting) has got to be the worst. I think I'd rather be hit than spit at. But, a lot of spitting, a lot of that kind of thing. A lot of hair pulling...a lot of hair pulling...a lot of hitting. At another site it was a lot of sexual aggression. And a lot of sexual aggression that wasn't necessarily directed at any



specific person or staff but just taking place.  
(Int. 4)

Conversing about work place violence and depending on each other for support helped almost all of the interviewees to feel that they could identify with each other's pain, anxiety and concern about violence in the work place. Respondents coped by knowing that their fellow colleagues could relate with their situations. When I asked "What kind of support do you get from co-workers after an act of aggression or violence?", workers responded in the following manner:

Front-line people are a lot more empathetic towards other front-line people because most of us have been there. Sometimes you don't know what to say. But, sometimes just saying "I'm here for you if you need an ear is all that you need to hear. (Int. 2)

It was a lot of advice on how I should follow up. Encouragement...like..you did the right thing or keep on doing what you're doing or we're going to get together and do an employee concern form. Things like that....encouraging. It was helpful in that nine times out of ten I wouldn't come home in a bad mood or bitter mood. And really, that's the most important thing...just walking through these doors (his house)...not bitching to my wife. (Int. 3)

I think all of the workers are very supportive, partially because I think that we're all in the same boat. We work under the same conditions. Most of us know each other quite well, so everybody gets along.  
(Int. 13)

I noticed that peer support was so important to the employees that I believe it was the single most important reason why they remained at the association. It seemed that with the support and encouragement from coworkers, victims

of aggressive or violent acts could sort out and make sense of what happened in the serious occurrence. It became apparent throughout the interviews that there were strong bonds among employees because most workers felt they were in the 'same boat' together; trying to survive while working in violent situations. It led to the formation of social bonds that become strong and solidified, especially in dangerous situations they encountered. Fitzpatrick (1980) found that social interaction in a threatening work place leads to the formation of a protective social structure which helps individuals to cope with their dangerous work conditions. This was found to be true in the current study. It also became obvious that because of the strength of peer support networks, respondents decided to remain employed with the association because of their strong social network of friends.

Peer support was also crucial to workers because many respondents did not feel support from their manager and director after a serious occurrence. This was an important issue in the interviews because workers felt they were re-victimized when they received negative comments in regard to how they handled the incident. It was therefore imperative to receive support from fellow employees in order to make sense of management's position on the Serious Occurrence Form. Through peer support debriefing, workers could again rationalize why they continued to work at an organization

that accepts violent clients. Peer support helped workers debrief with their fellow colleagues both from the victimization of the aggressive client as well as the administration. Even though support workers could try and put the incidents behind them with this method of coping, it could be argued that workers may still feel the effects of the negative situations because they still were emotionally upset in the interviews when discussing their jobs.

### **Support from Family and Friends**

Interviewees were asked about the kinds of support they received from their family and friends. Overall, most respondents said the support from families was negative. Some family members blamed the administration for incidents of work place violence and some family members wanted employees to quit the job. Support from family members is important because it shows how workers determine and construct particular viewpoints (either positive or negative) with respect to their position as support workers. If family members are non-supportive toward support workers, respondents may feel they are crazy to remain as employees of the association which causes problems when trying to repress or rationalize why they continue to stay there. Workers considered the option of quitting because they feel families do not support them.

Employees who perceive their families as non-supportive may believe they are experiencing a kind of re-victimization because they are put-down for not standing up for themselves. First, workers are victimized by aggressive or violent clients and then they are re-victimized by negative comments when they go home. Secondary victimization may force workers to socially construct their work and personal lives as a lose-lose situation and then resort to fatalistic styles of thinking. Two respondents stated:

The moment my jaw was broken he wanted me out of there. Now my husband is not the kind of man to say "quit"...you know, he is very supportive...but he just didn't feel that I was being paid enough to be putting my life in that kind of danger all the time. He didn't like me coming home upset...not that he didn't want to deal with it...but he didn't like that I was emotionally upset about it...that it was bothering me so much. (Int. 4)

His comment is "quit that job." I hate to say it but his concern is "for what you get paid, is it really worth subjecting yourself to that?" And again, the sleeping over at night..."aren't you afraid if somebody is going to come down." (Int. 14)

Some families and friends encouraged employees to strike back at clients; a sort of coping strategy that would make the worker feel they "evened the score." This point is important because asking workers to strike their clients is not only grounds for dismissal but criminal charges could be laid if they did strike back. Friends and families may have encouraged support workers to fight back in response to the lack of management support. For example, maybe some families

felt striking back at violent clients is justifiable because they believed that lack of management support ie. understaffing caused violence in the first place. Families and friends may feel employees had the right to defend themselves, despite what the company policies state. However, despite the fact that families encouraged employees to defend themselves, workers knew they could not strike out. This presents a Catch 22 situation in which the worker knows they should defend themselves but they cannot:

I notice that when I come home and I've been in a situation, I'll just vent the episode. He'll (spouse) say "how can you not just hit him?" or HE wants to hit him. He says "how dare somebody hit somebody that I love". So, it's really hard sometimes between all areas of your life. (Int. 1)

My friends sometimes ask me "have you got in any good fist fights or a boxing match" and they joke about it but of course they're guys...they just want to hear about violent stories anyways. (Int. 15)

Well, my fiance has told me to "him em back...give it back...dish it back." He wishes he could come in and take care of some of these kids. He gets worried for my safety...so does my mom and my sister....I talk to them a lot. They wonder how I can do it...they wonder why I'm still doing it...why I haven't left or gone to work in a safer environment. (Int. 10)

Knowing that family and friends do not support employees working in violent situations presents dilemmas for workers. Workers may feel they are in a bind because, on the one hand family and friends support physical aggression as a means of coping but, on the other hand

workers would be fired for striking a client.

Because workers did not receive support from their families for working in violent situations, most respondents kept conversations about violence and aggression limited to their peers.

### **Fatalism**

Because workers believed they were working in helpless situations, many resorted to maintaining fatalistic approaches to violence as ways of coping. People who maintain fatalistic behaviours in their work "make the goals of social action seem less attainable thereby undermining motivation (Aneshensel, 1996: 120-121). Most workers saw the work place as something that is fixed and/or immutable due to rules and regulations from the administration and the fact that they had could not enforce any control and/or consequences over their clients. Because workers believed they had no control over their jobs, it increased their stress levels. Weiten et al (1990) note that when people are confronted with stress they simply give up and withdraw from the battle; this is a response of apathy and inaction associated with reactions of dejection and sadness. I found that most workers constructed their work lives as a helpless, aggressive and hostile environment in which they had no choice but to accept their working conditions. Based on these constructions, employees became resigned to the

reality that they must accept violence in the work place. Maintaining fatalistic perceptions on the job is a coping strategy that workers succumb to either consciously or unconsciously. As a consequence, workers resign themselves to accept their situations, stripping them of any feeling of control or power over their work.

Most workers never came right out and said that violence was to be accepted but many respondents maintained fatalistic viewpoints when discussing their work lives. As noted by Hall (1996) fatalism is partly defined by the notion that "no matter what you did, who you were, or where you worked, accidents would "happen" (Hall, 1996: 110). This was especially true with the following respondent who mentioned that even though he and others knew how to prevent violence, management did not support them. The administration impressed upon them that violence was simply something that was to be expected. The worker felt helpless and frustrated:

At times it can be very frustrating. Sometimes you try to point out things about health and safety, injury in the work place...and that includes violence. And they (admin) come back with lines like "that's an accepted part of our field"...."that's an accepted part of the job"..."that's going to happen." Well....it doesn't have to happen. It can be prevented. It can be worked upon...it can be changed. And it should be....and that is frustrating. When you go with the status quo and you're not being flexible and not thinking about change...that's frustrating. (Int. 12)

It appeared that even though the above worker believed he knew how to prevent violence from occurring, management did

not listen or act on his recommendations. What is implied here is that management, again, is the cause of violence; that they have created the conditions in which workers must endure hostilities within their work environments. Workers maintained that their situations were hopeless and futile, that they had no control or power as support workers, either individually or collectively. They could do nothing about work place violence. One person was frustrated because no legal recourse was available even if he defended himself. He expressed frustration in the fact that he has no rights as a person and must be a willing victim to aggressive clients:

If somebody assaults a staff you can't charge them...because you'll lose your job. Because, that's supposed to be a part of the job...that's the responsibility you accept when you take the job. If you charge an individual, you will lose your job. It kinda contradicts the normalization process, doesn't it? We talk about normalization in this agency but there are certain things that you can't do to these people because they are "special" or because you signed a contract that says you can't do it. I don't agree with it but it's there. I can talk about it till I'm blue in the face, but it's not going to change things.  
(Int. 3)

It was obvious throughout the study that many workers believed they had no control over their work place and they were forced to believe that violence is an acceptable part of the job as support workers. Where some respondents mentioned that stress was associated with their sense of lack of control, others resigned themselves to violence and became indifferent to it. Maintaining fatalistic viewpoints not only affect people psychologically but physically too.



It is a known fact that workers who have little decision making or control over their work are five times more likely to develop certain diseases such as coronary heart disease than workers who exercise greater control over their jobs (Atwater, 1987: 101).

For some employees, fatalism forced them to consider using alcohol or tobacco as a stress-reliever. Others learned how to accept or at least tolerate violence in the work place by using sick time. Most workers constructed their views of the administration as an organization which allows its workers to be subjected to all forms of violence. Workers blamed management for their dilemmas. Nonetheless, the current workers continue to work at the association despite the fact that they know violent acts will continue.

### Use of Humor

Probably one of the more positive ways of coping with stress in the health care sector is through the use of humor. Humor can be used as a coping device between workers as well as between the worker and the client. This was found to be true in a study by Leiber (1986). Leiber found critical care nurses resorted to humor and laughter as a coping strategy for fighting job-related stress and to provide a therapeutic effect when applied to patients and families. This was also found to be true in other studies on nurses (see Harris, 1995) and coping. For example, in a

study on advanced nurse practitioners, Davidhizar & Giger (1995) found that the use of humor was a valuable self-help tool for nurses and it enabled them to continue to help others.

Using humor as a way of coping with work place violence helped community living support workers to either minimize their perception of the mental or physical effects of violence or to give them some relief from the trauma. Respondents mentioned that kidding around and joking were ways in which workers could deal with violence after a client had a serious occurrence. Workers joked around to ease the pain of the event:

A lot of times I found what eased it when the girls got all stressed out was that I just went over, made jokes, laughed...joked around with them...tease with them...whatever I could do to get their minds off it. I think that's what broke it up a lot of times. Or I'd say "it could be worse....he could have broken your wrist on you." They'd say "I guess if you say it like that, okay." (Int. 15)

While humor can be used to help coworkers it can also be used to help oneself. One male worker believes that humor is helpful when dealing with stress and it gives him a more positive outlook:

Stress...I don't really get stressed out...or I haven't noticed it lately (laughing sarcastically). You have to have a really good sense of humor...it's a coping method. I've never really taken this group's behaviours personal. (Int. 12)

Interestingly, only male workers resorted to the use of humor as a means of coping with violence. Therefore, using

humor as a primary coping strategy was not beneficial in the current study because almost all employees at the association are female. Since violence has such a strong hold on females they could not draw upon humor as a coping strategy. This is especially true with women who are pregnant or must contend with countless acts of sexual harassment. In fact, because most female workers believe that violence impacts all areas of their lives they, unlike their male counterparts, are less likely to minimize the seriousness of violence in the work place. I found that female workers were very concerned and fearful about some of the clients they worked with. None of the women workers mentioned they used humor to diffuse anxiety or stress and none of them mentioned their female coworkers did either. One could surmise that either males truly use humor as a coping mechanism which helps them to deal with violence or male support workers may simply repress and rationalize their fears and emotions better than female support workers.

### **Substance Use**

Substance use is another mechanism which people resort to when trying to deal with stress associated with violence. As noted by Folkman et al (1991) people use drugs and alcohol as a coping mechanism to deal with certain emotion-focused problems. This was found to be true with some support workers at the association. When interviewees were

asked if they used some form of a substance such as alcohol, drugs or nicotine as a way of coping with violence, most did not resort to, or at least admit to, using them. However, three people admitted they smoked tobacco to relieve stress and tension. Two respondents relied on alcohol and one employee was taking a prescribed anti-depressant drug to cope with issues at work. Most respondents believed that taking any substance was not responsible, yet the ones who did take substances believed that this particular form of coping was necessary and directly attributed to working with violent people. Some respondents mentioned stress drove them to taking substances and even combined L.O.A's with substance use as a way of coping:

I remember one real bad incident I had been really stressed out from it, I just took the next day off. I called in sick and said "I can't come in, I need to take a day off." I think I went out with the guys to a local bar and that was about it. (Int.10)

Yes. I smoke...if my stress level goes up...time for a cigarette break. I'd say it's a crutch because I use it to get away...to get a few minutes to myself. (Int. 1)

A few of them (coworkers) like to drink...a few of them like to go outside for a smoke afterwards after a real bad stress attack. That's how they relieve their stress, I guess. (Int. 12)

Some cope very well, others just can't take it. They're just devastated. Like I said, the one girl who got pinched was devastated, you know "look at this big bruise on my arm...how could she do this to me you know?...it's never happened to me before." After something like that, this certain staff member usually goes out for a smoke, as maybe as a stress reliever or some thing. I do the same thing....I'll go out and have a smoke after an incident. (Int. 16)

Because most respondents in the study did not smoke, take drugs or use other substances this underscores the fact that the majority of workers need some kind of outlet to relieve stress. Whether people in the study would actually admit to using or abusing drugs (illegal or otherwise) is unknown. The point is that almost all individuals involved in the study admitted they experienced some form of stress due to violence and aggression and most needed relief from their stressors.

### **Quitting and Absenteeism**

While some workers used substances such as tobacco and alcohol to cope, other individuals resorted to quitting or taking time off work as a way of coping. In the current study, even though many workers pondered the idea of quitting, only one support worker had resigned because of violence. Fortunately for me, the employee did not hand in her resignation until after her interview was completed. This nine year veteran endured an assortment of incidents of violence within her career. She experienced hair pulling, hitting, sexual abuse and was hospitalized after a severe trauma to her head. When asked "As an employee, what does it mean to place yourself at risk with someone who has the potential to be violent, she simply answered "well...(laughing) I quit, so it's just not worth it" (Int. 4). Even though the employee had many years of

involvement with the association she finally could not rationalize, repress or justify working in a hostile environment. The last assault forced her to leave. She alluded to the fact that having a debriefing program made available to her may have helped her to remain at the association.

Like with the firemen or policemen now, they have somebody there that you can call to talk about it...that it's really bothering me. I think that they would have to have guidelines to how long it (debriefing) should last...Say, when I had my jaw broken...I think that it (counselling) would have been a quick one. If I had been able to call up and say "you know, I need to talk to you" and know that I could do that in confidentiality....just to talk about my feelings in confidence..that would have been a quick one. The one with Paul, would have taken me a while. I still don't want to work with Paul. That is the main reason that I left (quit). I would have stayed if I didn't find another job but I actively started looking for another job after that. I am NOT going to get beat up like that again...it is simple as that. (Int. 4)

It should be noted that the above respondent used the option of quitting because she already found another job, which made her choice to leave rather easy. However, quitting the job may not be a viable solution for other support workers. Employees may have difficulty finding work elsewhere and, even if they do, they may not be able to take a cut in pay. Yet, having the option of leaving the job could be quite soothing for people who are in crisis. As mentioned earlier, spouses of employees recommended quitting as a way of coping with a violent job. Employees have a way out of their dilemma if they have the option of resigning

and their families support them in their decision to leave:

As far as lately, I haven't been very happy with it (job). I was thinking about quitting....I'm looking for another job because it's getting so much to take. Like I'm almost at the point of burnout... feeling where you've had too much. Just too much to deal with this one individual through the week...she's particularly hard to deal with. Sometimes on the weekend, it's just too much to take. Like I've been there too long. (Int. 10)

I was seriously considering leaving my job because I simply couldn't deal with it anymore...I couldn't take the stress. I was afraid...very concerned...very distressing and of course nothing was being done to alter that. They (admin) were not getting rid of him (client), they were not double staffing...nothing. (Int. 13)

Some interviewees, however, did not consider resigning as a way of coping with violence in the work place. In fact, some employees believed working with violence is just a normal part of the job. One respondent never thought of resigning but saw working with aggressive and violent people as an opportunity for her own personal growth:

I never thought of quitting. I just thought maybe there are still some things I need to learn. I thought it was more of a challenge than anything. Any time I had a serious occurrence I thought that "it's just another challenge...and I need to learn from it." (Int. 5)

Because some people believed that working with violence was intolerable and unacceptable while others saw it as an opportunity, I truly began to see how different people's perceptions could be. The reasons for these differences are complex. For example, some workers may spend a great deal of

time with highly aggressive people while others may not spend much time with them at all. Some respondents may work in locations where their managers are supportive of extra staffing and involved with their workers, while other employees have difficulty with their managers. Whatever the reasons for these differences, it was quite apparent in the current study that the majority of interviewees still held low opinions regarding their jobs overall.

Workers were also asked how their peers dealt with violence. Some answered that they didn't really know, others said people coped through LOA's and substance use. Other respondents said coworkers thought about resigning as a way of dealing with the stress due to violent clients:

They're (coworkers) very anxious...very stressed...very frustrated...they've contemplated quitting also...not working with certain individuals. It's very, very distressing....it's very plain to see. (Int. 13)

Sometimes they feel like they are alone. Sometimes they feel that management is not listening. Sometimes they say F\_ck it..you know. They quit. They'll go on to something else...to Chryslers or whatever...just to get away. They just don't want to deal with it. (Int. 2)

While many workers considered the option of quitting as a way to deal with stress, I had to wonder why many of them did not actually quit. Workers did not mention whether they felt they could not find another job. However, one could speculate that employees did not feel their situations were serious enough to quit. This was hard to understand especially since the majority had several years seniority



with the agency.

One reason why employees may have difficulty quitting the organization is the fact that some respondents have spouses who work at the association. This fact presents a difficult situation for some people. If an employee resigned due to violence, their spouses, who remained at the association, may face ostracism and/or even negative comments from their superiors. Another reason why employees may have difficulty leaving the association could be that they may have family members involved with the association who have developmental disabilities. As a support worker, I have known many employees who decided to work with mentally delayed individuals because they have somebody in their family who is developmentally challenged. Therefore, workers may feel obliged to remain involved as employees strictly on the grounds that it is morally unethical to not be involved with the organization.

### **Absenteeism**

Even though many respondents considered coping strategies such as resigning or taking substances, other workers resorted to absenteeism as a method of dealing with violence and alleviating stress. Literature on absenteeism shows that employees resort to taking time off worker due to job dissatisfaction. Hackett and Bycio (1996) found, in their study on Canadian nurses, that when employees use

absenteeism as a coping mechanism it helped them maintain their physical and psychological states at manageable levels, even if they do not result in immediate noticeable improvements in the returning nurse. Interestingly, taking time off work to alleviate stress was not used by social workers. In a study on social workers, Tziner and Vardi (1984) found that job dissatisfaction was not the cause of withdrawal behaviour.

The current study found that community living workers also took time off work to alleviate stress due to violence. However, workers were very systematic in how they determined which days they would take off. For example, some workers would check to see which clients were scheduled in at their work sites. If certain violent clients were scheduled during their shift they would plan to take that particular day off:

I notice that a lot of people call in sick. I don't know if it's because it's the weekend and people are busy on the weekends and that's a way to give (themselves) a break from having this type of job... I don't know. Some people I've heard say "I'm taking this weekend or next Saturday off" or "who's (clients) coming in 2 weekends from now because if that person's there I'm taking that weekend off...I'm going to use that as an L.O.A." (Int. 7)

One person admitted that taking time off was necessary to not only get away from actually working with aggressive people but also to get medical attention because of his injuries. His response reveals that violence in the work place affects employees both physically and mentally:

Yeah, there is definitely time taken off because

you're either emotionally or physically drained or you are hurt and you're just concerned about getting checked out..to make sure everything's working fine, because you've been grabbed by the testicles ...or you've strained yourself or you break something. And tht's happened. Or you've been bit and you want to check out your blood levels and make sure you get your tetanus. Ya, those are concerns....infection and all that kind of thing. It's not long...people take a few days off here and there. (Int. 12)

When people resorted to using absenteeism as a means of coping with job dissatisfaction it affects the remaining staff. Ceria (1992) found that nurses' absenteeism affected quality of care causing scheduling and staff problems, increasing patient-nurse ratios thus decreasing staff morale and causing an unsafe environment for patients. While the effects of absenteeism on community living support workers is beyond the scope of the current study, it could be speculated that morale at the association is affected, in part, by employee's systematic reduction in job participation.

### **Grievance Procedures**

At this point, some discussion should take place with regard to employees using grievance procedures in order to deal with acts of violence. Even though one worker mentioned that violence was discussed at a Health and Safety meeting, I found it quite interesting that there were no indications that respondents used their union representatives as a way to address issues on violence. The importance of using

grievance procedures for unionized support workers is significant because it is a mechanism in which workers can address critical issues that take place in their work lives. For example, if a worker believes that they are working in an unsafe work place, they should have the right to refuse to work there. As mentioned earlier, Sass (1986) stresses the importance of the right to deny working in unsafe situations. He notes that "workers ought to have the right to refuse a job or task they believe to be dangerous to the well-being...and that worker rights in work place health and safety are crucial in bringing about reforms in working conditions" (Sass, 1986: 570). However, community living workers did not even really discuss the union, their rights as employees or if they believed unions could help them with violence in the work place.

Unions are not only useful when trying to address health and safety issues such as violence but also other areas that may lead to the impetus of violence, such as organizational downsizing. Mapel (1996) stresses the importance of grievance procedures in nursing when organizations are using retrenchment strategies. The author notes that nurses today are expected to increase their productivity with fewer and fewer resources due to downsizing in hospitals. Organizational restructuring has led to undesirable working conditions and it is important to have union-management contracts in order to protect the

worker. Even though community living workers are members of the CUPE union, none of the respondents discussed using the union as a way to resolve issues related to violence.

Whether it was individually or collectively, it appeared to me that workers did not feel they had power or control over their work place situations. The irony here, of course, is that even though workers relied heavily on coworkers for emotional support, they did not use the strength of their peers to force management to address issues on work place violence.

Why didn't any of the respondents mention the use of grievance procedures as a way of coping in the interview? There could be several reasons. First of all, respondents may have felt that the issue of work place violence is not a serious problem to present to their union. Secondly, because most of the unionized workers are spread over a wide area within the county, there may not be a group conscious of the membership about the problem. Third, depending on the strength of the union, even if the problem of work place violence was brought up to the union executive, the issue may not be deemed of high importance in relation to other issues the union discusses with management. Fourth, employees may simply not be aware of their rights as employees. Last but probably most important, because attendance at union meetings is sparse (based upon my own perception) employees may not feel their union is strong

enough to deal with critical issues such as violence in the work place. The workers' perceptions about the strength of their union are extremely important because they determine whether or not employees believe they have the power to properly address issues regarding health and safety. Because workers did not believe the union could help them it probably increased their levels of stress and forced them to look for other alternatives to deal with aggression.

### **Psychological Responses**

While the aforementioned coping strategies involved external sociological measures when dealing with violence, some workers resorted to internal or psychological ones. In particular, employees used **defense mechanisms** and **self-blame**. Both strategies were used to cope with violence because employees felt they were forced to accept their current conditions and that there really was nothing else a worker could do about violence in the work place but accept it. In other words, they had to "grin and bear it."

### **Defense Mechanisms**

In the study, I noticed that some workers adopted particular defense mechanisms in order to deal with their issues. Weiten, Lloyd and Lashley (1991) note that defense mechanisms are unconscious reactions used an individual in order to protect that person from painful emotions such as

anxiety and guilt. The seven most commonly used mechanisms are repression, projection, displacement, reaction formation, regression, rationalization and identification. I found that **rationalization** (creating false but plausible excuses to justify unacceptable behaviour) and **repression** (keeping distressful thoughts and feelings buried in the unconscious) (Weiten, Lloyd, and Lashley, 1991: 36-7) were two very obvious defense mechanisms that workers used in order to cope. Not only were defense mechanism used in order to rationalize their predicament but also as a way to respond to their situations:

You just go in and do your thing....see how it goes. I try not to waste time worrying about it because what's the point...you just don't know what will happen. I usually don't bother worrying. I might look at the schedule and (say) "oh darn" but then I don't think about it all week. (Int. 14)

Whether repression or rationalization was the strategy used by some employees it became apparent to me that defense mechanisms were used in order to avoid the pain when addressing particular sensitive issues. It seemed that some respondents became very adept at minimizing experiences of violence that entailed physical and emotional trauma. This may be due to many years of enduring random acts of aggression or violence. While this is a judgement on my behalf, I maintain employees used some forms of defense mechanisms, although unconsciously, to deflect certain questions that would elicit a form of emotional response.

### **Self-Blame**

While none of the respondents came right out and blamed themselves for clients becoming aggressive or violent, it may be assumed that when employees are blamed by management for the violence they, in turn, blame themselves. Self-blame may be an unconscious act of support workers especially when they have many encounters with violence. Literature on self-blame suggests that the more a person is subjected to violence, the more likely they are to blame themselves. For example, Miller and Porter (1983) note that self-blame is a coping mechanism used with victims of violence. They found that the duration of violence may be associated with increased self-blame. This may be the case in the current study. Workers who continue to be subjected to increased amounts of violence may blame themselves for the incidents. Workers may believe they are the reason for the client's behaviour and they could even slip into bouts of depression. Once in a depressive state, workers may increasingly blame themselves which leads them to have a poor image of themselves. Maintaining a poor image of oneself could then lead to a cyclical problem for the worker. For example, Meyers (1993) notes that a "negative self-image of a depressed person is an essential link to a vicious cycle that is triggered by a negative experience. Such ruminations create a depressed mood that drastically alters the way a



person thinks and acts, which fuels further negative experiences" (Meyers, 1993: 167). This may be the case with community living support workers. Employees may unconsciously affect their work site due to their depressed state or by maintaining a poor image of themselves.

Another aspect of blaming one self is determined by whether or not people believe they have control over their environment. If people believe they have no control, they do not blame themselves. However, if people cannot rationalize that they weren't trained enough or that they were not on the job long enough, they blame themselves. While respondents did not come right out and say they blamed themselves for the violence it is quite possible that they did blame themselves based upon how employees negatively perceived themselves in their roles as support workers.

While defense mechanisms and self-blame were not the most obvious forms of coping strategies, it should be noted that they are important when trying to understand how employees perceive themselves, the clients they support and how they construct their work and personal lives.

## CHAPTER 8

### **WORKERS' BELIEFS ABOUT FACTORS RESPONSIBLE FOR VIOLENCE**

Throughout the interviews, particular patterns and themes relating to factors responsible for work place violence began to emerge. There were three core main issues at ECACL. These issues involved their perceptions of the **Consequences due to Financial Cutbacks, Improper Client Scheduling and Managerial and Administrative Decisions**. Interviewees were able to make sense of their working conditions through their perceptions of these factors.

#### **Perceived Consequences due to Financial Cutbacks**

Support workers at the association believed that financial cutbacks, either by the Ontario government or the ECACL were responsible, to some extent, for the prevalence and rate of violence and aggression among clients. Employees believed that certain factors related to cutbacks in funding, such as the increase in worker to client ratios and reduction of staffing, increased the chances that workers and clients may become victims. Almost all respondents complained about the problems that they felt resulted from work overload and trying to care for more clients with less support workers. Interviewees stated that, when there was an increase in clients and a reduction in staff, the results

were disastrous. Some of the respondents felt that the client could not be treated effectively and that a reduction in staff increased the chance for violence:

They're (clients) not being treated properly...they're not getting the best care....adequate care, because we're not really staffed enough to provide that and all the things that we need to do. Really, the potentially violent people have lots of opportunity to get at other clients....tons of opportunity. So, it's a situation where something is bound to happen.....it's not the best care. People have been injured. Sarah was badly injured recently by Cathy and it's going to happen again...I mean we are constantly there with 2 people (staff) with 7 or 8 clients there and they (clients) are going to have an opportunity for that chance and they're going to find it. (Int. 13)

One interviewee believed that the association is not strictly to blame for under-staffing but the Ontario government was to blame as well. He believes that the association is a victim of circumstance, that the problem flows from the macro level. The respondent seemed to place most of the problems associated with mentally challenged individuals on the shoulders of the province, almost exempting the association from any blame at all:

The cuts have compromised safety...safety for the individual..safety for the worker...safety for a visitor coming. I don't think that's all sitting on their (ECACL) backs. I think that also has to go to the province. The province is saying "we're sending out these individuals, whether they have a behavioural or sexual background, psychological background, psychiatric background, a history of violence, a history of sexual abuse...we're sending them but because the finances are cut and that's where they're going into the community and YOU deal with them." Cuts being indiscretionary...like "we're going to axe this person...or cut this program down to one staff or two staff. What I worry about are other individuals who

may be compromised because of staffing levels. That they may get hurt because we can't fully supervise them at the level that we should be supervising. Or, not so much supervising but having a presence there. When you group 30 or 40 individuals in a small room or work place there is a lot of potential for behaviours.  
(Int. 12)

By maintaining the belief that the province of Ontario is the cause of cutbacks the worker has effectively shifted the focus of financial responsibility from the association onto the province. By doing so, he took any possibility of power and control away from himself as a unionized worker at the local level. Where a worker can try and negotiate issues at the local level (grievances etc), he/she cannot do so when dealing with a faceless entity such as the province. This may be due to the worker's belief that his employer can't do anything about the current problem of understaffing or because he genuinely believes all fault belongs with the Ontario government. This is an interesting point because, by shifting the blame for financial cutbacks away from the association and onto the province, he can rationalize that his employer is not responsible for the cutbacks, that the association is simply trying to do the best they can because of provincial cutbacks, and he may then believe the association appreciates his work despite the fact he works in violent and unsafe situations. Employees must then try to find particular coping mechanisms to help them deal with the perceived helpless situation that is caused by the province.

### Improper Client Scheduling

A second factor that workers believe leads to violence in the work place is the scheduling of certain violent clients with other potentially violent clients in the respite homes. Employees believed that there is a lack of concern and caution when scheduling violent and/or potentially violent people with other particularly aggressive clients at respite and vocational centers. As a result, support workers and clients may become easy targets for aggressors. Interviewees believed that clients are just thrown in together with other clients, not taking into account the range of behaviors these individuals have and the negative consequences that may take place. Most workers believe that looking at the clients past history should take priority before scheduling them with other clients who are not compatible. This worker shows how mis-matching clients causes havoc on the people the association supports:

Look at the individual and see what the needs of that individual are. When they broke up the last respite site, they sent Jayne with Joe....who was the worst person to go with him because she had "had it up to here" with Joe. And she left right after that. Then they sent Cathy with Rick which was probably the worst thing you could have done there. You know they (admin) don't really look at what they're doing. It's what's expedient for them or best for them but not what's best for the individual. Cathy was so afraid of Rick...she locked herself in the room a number of times because she was afraid of him. She was a nervous wreck for four months after she came back (from living with him). In choosing to send Jayne there with Joe, because she had a number of problems with Joe... she was the worst person that they could have sent. So I think they need to look at the individual and the staff, first. They need to start matching people up that way, rather than

whatever's expedient for the staff and especially for the association. They need to match the people up better. (Int. 5)

The perception that management is not insightful when scheduling clients shows that workers believe there is a certain level of incompetency at the organization. Whether this perception is true or not is unknown. How workers cope with these perceived realities, however, is important and determines how they make sense of the situations. By placing blame on the administration, the workers have learned how to cope with these realities.

#### **Managerial and Administrative Decision Making for Clients**

The criteria that the association used in determining who they would admit to their program came under scrutiny in the interviews. Respondents believed that certain clients are mis-diagnosed and should not be in respite or vocational work sites to begin with. Support workers also believed that the association did not have the necessary facilities nor the proper staff to handle violent individuals. Based on these perceptions, the staff believed the association was placing their workers in harms way by accepting violent and aggressive clients:

....certain people don't belong in our program.. we're not geared for it...not capable of addressing it in an effective way. And that would be Mike and David for example...they're just too big...too powerful, extremely violent. We're just not able...two female staff or even three female staff. (Int. 13)

I tell you...we had some individuals (clients) that if they would have stayed (at the site) probably we all would have quit. We believe that this person should not have been at our location because we didn't have the capabilities and the background to deal with a person like that. Just the abuse on the other individuals (clients) was very stressful. We did have support but it was to a point where this person is in the wrong place and continued to be there. You can only take so much. Actually we did have one person leave. (Int. 14)

These respondents raise some interesting facts with regard to their perception of work place violence. They imply that the administration and its managers not only allow violent clients to enter the association's programs but that management actually "cause" aggression and violence to happen. The belief that management is the cause of acts of aggression and violence is important. It underscores the belief that workers have no control over their work place and that management is the sole deciding body responsible for work place conditions. Workers believe that, because they do not have a voice regarding which clients should be admitted to the association or how they are scheduled with other clients, violent acts will increase. As noted by Sass (1986) "lack of worker 'rights' to control work processes is a major contributor to both increased adverse stress and a worsening of accident rates, whereas meaningful participation and greater control has a positive effect on worker health and safety" (Sass, 1986: 572).

However, management must first believe that there is a

problem with work place violence. If the association does not admit that violence is a problem in the first place, then workers have a tough time trying to convince management that they are victims of assault and aggression. When employees bring up violence in staff meetings, their concerns are either minimized or not dealt with at all. One union member cited statistics about the amount of violence but managers, and even the executive director, denied that aggression and violence in the work place were serious issues:

They (managers) may talk about it...(but) they don't like to talk about it. It's not usually talked about at staff meetings. They kind of "pussy-foot" around it. Senior management doesn't talk about it...it doesn't happen. The Executive Director tried to tell the negotiation committee that, about a year and 1/2 ago, that there are probably only 6 clients in our association that are violent. I think that forty percent of our clients are violent. If you saw our accident injury reports, now that we are actually allowed to see them, you'd be surprised exactly how many come in. Our statistics show that they are a lot higher than the association makes them out to be.  
(Int. 2)

The perceived reluctance to admit or deal with the problem of violence left many respondents frustrated. Coupled with the fact that the support workers do not feel they have power or control over their environment, the employees resort to the aforementioned coping techniques in order to remain at the association. Despite fruitless attempts to draw managers and the director's attention to the issue of aggression and violence, one worker believed



that his concerns could be heard but only through this kind of study. The employee believed that independent studies should be done to expose the problem of violence at the association. I saw this as a "last-ditch" attempt at trying to draw attention to the problem of violence at the ECACL. When asked "What can the association do to alleviate violence in the work place?", the support worker replied:

Definitely by allowing this type of study to go on. There's a step in the right direction. Being open (to it). This is a step in the right direction because we need to be audited. There is no auditing going on. There needs to be more professionals coming in to analyze the situation. It's gone too long without being monitored, reviewed, critiqued and analyzed. I think that there has been a real lack of checks to the violence in the work place. There really hasn't been a good analysis about violence in the work place. True, there are people researching it but let's get an academic view of it. Let's get an academic analysis by a professional. (Int. 12)

I believed that this last respondent's comments were a way of coping; a way in which the worker's voice could be heard through an outside source. It shows that the employee still has hope and believes the problem of work place violence can be addressed.

The core issue regarding worker's perceptions about the factors responsible for work place violence is whether or not employees believe they can do anything about violence in the work place. For the most part, respondents did not believe their concerns about work place violence and aggression are valid and did not believe they had any kind of power or control to deal with the problem (a central

aspect of fatalism). Even though respondents felt that there are certain things that can be done to eradicate or at least reduce the level of violence in the work place, most felt they were working in a helpless situation. However, most respondents had certain beliefs and ideas about how to reduce work place violence.

## CHAPTER 9

### WORKERS' BELIEFS ABOUT HOW TO REDUCE WORK PLACE VIOLENCE

During the study, employees expressed five main beliefs about how violence may be reduced at the association. While some respondents believed that working with violent clients 'goes with the job,' others made some important suggestions about how to reduce or minimize violence. They are:

**Listening to Support Workers' Concerns, Consequences for Violent Acts, Implementation of Debriefing & Counselling Programs, Educating Management and Support Workers about Violent Clients, and Increasing Management Involvement at Work Sites.**

#### Listening to Support Workers' Concerns:

Because almost all interviewees believed that there were communication blocks and barriers between them and their superiors, employees declared that their managers and directors should take a more earnest approach to listening to support workers' needs and concerns. It was mentioned in the study that if management officials truly listened to the concerns of the front line staff, management would act upon the needs of those people. A lack of action equated to the reality that managers did not listen to or care for their employees. This worker believed that lack of managerial

action led one client to assault another client:

We expected it (violent act)...we knew that it was coming..just didn't know when. The first thing that went through my mind was.."oh shit." After it happened she (staff) said "I knew this was going to happen." We pretty much knew what the outcome was going to be..that he was going to cross that line...that he would go after one of his room mates, he had done that in the past and they were just afraid of him. He had no self-esteem back then. He hated himself and wanted to kill himself. He thought about suicide and hated everyone around him but we knew it was going to happen. We felt that we weren't being listened to, as staff. Management's story was well "we're trying....we're looking into it, but we haven't found a solution yet." As front-line staff, we felt that we weren't being listened to...that this guy had to be taken out, and now! This guy had a history of violence. We kept saying to management that he did not belong at the association..he does not belong here...something is going to happen..and something happened. He choked Mary. (Int. 3)

The workers' belief that managers and directors are reluctant to listen to and address the issues of aggression and violence illustrates the fact that employees do not have control over their work areas. Workers must therefore try to cope and make sense of working in a climate that is violent. They must somehow try and accept the conditions they work in. While it was stressed at the beginning of the study that the majority of the clients at the association are non-aggressive, the fact remains that many workers struggle with the few clients who are aggressive and violent.

Workers believed that communication was the key to resolving work place aggression and violence. Throughout the interview, workers believed that their concerns about violent clients and aggressive people were not given serious

consideration. When asked "what can be done about violence at the association?", one respondent complained that management did not listen to her needs regarding debriefing programs:

LISTEN. LISTEN TO US. We're not story writers or story tellers...we're real people with real feelings...real emotions...and real fears. LISTEN. And don't say it's (violence) only happening in a small percentage...go out and ask a lot more people. Ask people what they define aggression as. Prevent violence in the work place. How can you prevent something that is unpredictable but...we need to have some type of support plan to be able to follow through with. And again, whether it be through peer counselling or EAP programs... for them to be able to bounce it off of somebody and say 'ya...it's not your fault.' (Int. 2)

The importance of listening is that workers believe their issues will be addressed. In order for this to occur there must be effective communication. Schermerhorn, Cattaneo and Smith (1988) believe that effective communication occurs when the "intended meaning of the sender and perceived meaning of the receiver are one and the same" (Schermerhorn, Cattaneo & Smith, 1988: 307-309). When effective communication occurs there is also two-way communication, which allows for feedback. The above respondents have adamantly expressed that effective communication (and action) need to occur in order to resolve the problems of work place violence.

### Consequences for Violent Clients.

Some respondents mentioned in the interview that, if the intention of the association is to successfully integrate mentally challenged individuals, the clients must be taught to conform to the basic norms and consequences of mainstream society. For example, if citizens in society resort to violent actions as a means to express themselves, according to societal laws, they must face the legal and social consequences. According to the workers there should also be consequences for clients who are violent. One worker believes that, by not applying consequences to abusive clients at the association, a contradiction in principles occur. On the one hand, the association wants clients to be assimilated into society but, on the other hand, they want clients to be free from consequences when they commit violent acts:

You know, the association advocates integration into society...life to be normal as possible. And yet, normal consequences don't follow...like in terms of people who beat the shit out of their staff. The police should be called....you know, normal consequences. If it was anybody else, you know that punched me or whatever, I would be calling the police. Granted, you may not be able to go through the whole court system with this person.

There is definitely a contradiction. If you want people to be part of society, whether whatever the disability, then they have to follow society rules. Now, if you're hit by somebody who is in a seizure, that's one thing, but when you have somebody like Joe, a big man, when you're hurt because he's pissed off and didn't get his way and nothing is done about that...that is RIDICULOUS (raising voice). There should be consequences. His visits are not pleasant...his parents send him there because they've had enough of

him (at home). He goes there and he's miserable and it's set up for him to blow-up. And then, when he does, there are no consequences from his parents, from the association, from....heaven forbid the staff to implement any kind of consequence. If we do, a lot of times we're reprimanded. (Int. 4)

One worker had a hard time rationalizing the contradiction because it was incongruent with the education she received at school regarding consequencing children:

I'm dissatisfied (at my job) because of the program I've been taking at school....I've many beliefs that the association doesn't believe in such as, a lot of mentally and physically challenged kids need stability in their life. Like you wake up and do this and do that...structure. I believe that the kids should be consequenced for actions..for if they have done something out of the norm, because the mandate of the association is integrate children into society, they have to do what the norm does. So, when I see the kids act out or pull hair or what not, you're only allowed to say "listen, that's not nice and don't do this again" They don't get consequenced for the actions. But if it was a 'normal' child they would be consequenced for what they've done. At our residence, we're not allowed to do that because it's respite...they're here on vacation. That's one thing that I'm dissatisfied with because I feel that the kids need the structure of consequence because I know at school, they are consequenced for their actions. (Int. 9)

This worker is struggling with the perception that there are contradictions between what she has learned at school and what she is expected to do as a worker. On the one hand, the employee believes that people in society have structure and are consequenced for their actions if they deviate from that structure. On the other, despite her personal beliefs and schooling the respondent is asked not to discipline the child, which results in a lack of structure in that client's

life. It became evident that contractions such as these caused stress in this employee's life. It could be argued that, over a period of time, if the employee does not feel valued or listened to as an educated worker she may decide to implement her own values and consequences. One could assume that she may believe her academic training, along with her own moral set of convictions, could over-ride the current policy and procedures of the administration. This, of course, would be her way of dealing with violence in the work place.

Other than believing aggressive and violent clients should be consequence for their actions, most employees did not mention other kinds of consequences. In fact, most employees were not very explicit in terms of what kind of consequences should be applied to aggressive people. As an employee, I was surprised that the interviewees did not consider pushing the use of PRN's (sedatives) to clients as a form of consequence. In many instances, PRN's are prescribed for aggressive or violent clients in order to calm them. If PRN'S are not prescribed for violent clients, workers could insist that doctors give the client medication for aggression. While they are widely used in the association, none of the interviewees mentioned using medicine as a consequence for violent clients.



### Implementation of Debriefing and Counselling programs:

Since all interviewees mentioned earlier that there were no formal debriefing or counselling programs offered to them by the association, most believed that by implementing these programs the association would help workers deal with work place violence. The importance of debriefing is crucial when dealing with stress in the work place. For example, in a study on stress in accident and emergency nurses, Helps (1997) found that nurses believed that the debriefing process was important after traumatic events. The use of debriefing programs would allow employees to work through the issues regarding violent situations by venting their feelings and thoughts. Employees perceived that management supported them if they implemented debriefing and counselling programs in situations of violence which would therefore increase morale. By offering professional counselling at the ECACL, employees could learn how to approach violent clients differently through the use of other methods suggested by professionals such as psychologists or people specialized in aggression. One interviewee said:

As for the counselling, it would be nice if the association provided someone like a Social Worker or a therapist through the organization to come out and talk to the people that these attacks have taken place on. I know that ours (attacks) aren't as severe as some of the other places in the organization. (Int. 16)

Most respondents believed that debriefing and counselling programs should last as long as it takes for the person to fully recover from the incident. One worker believed that if debriefing does not occur, workers become resistant to the people they support:

It depends on the incident. Like something that happened to Debbie (broken jaw)...that's gotta sit in your head forever...I don't know (how long it should be). The thing is, if incidents continue to happen you harden yourself. Then you're really not supporting the people the way you should because you build a wall between yourself and the client. So, it does depend on the incident but we can't ignore little incidents either. There are so many little ones. To me, in my mind, over time it's one big one. I don't know how long it should be but I do believe that there should be some sort of assistance to the staff, mentally. (Int. 6)

The belief that debriefing and counselling programs will help employees is a significant one. As noted by the last respondent, debriefing helps reduce the animosity or negative attitude the injured worker may have against his or her attacker. By providing such programs, workers may believe that the administration is compassionate to its employees needs in that they are supporting them when it comes to work place violence. Whether debriefing and counselling programs are done on a one-on-one basis or in a group setting, workers can learn to vent their feelings and learn coping strategies from each other.

### Educating Management and Support Workers About Violent Clients

A couple of respondents believed educating managers, directors and front-line workers about the types of clients they work with will help reduce work place violence. Because there is a mandate from the Ontario government to deinstitutionalize people who reside in places like St. Thomas and Southwestern Regional Centre, some workers feel that it is the responsibility of the association to properly assess the clients before they accept them into certain programs. Some interviewees believe that the need for proper assessment is the key to reducing work place violence:

(Administration should) Educate themselves. Get a real total profile on this person (client). Before they take him out of an institution, it's very important that they get to know this person. They said that they did send people (to do an assessment). But as far as psychiatrics go, they (ECACL) have no idea. So, they put him into a community. They did not educate themselves as to the risks, people that he was living with and to the people that supported him. They were not educated. They need to educate themselves for their own people who have violent behaviours. They need to staff appropriately...not per funding appropriately. (Int. 11)

Another worker believed that employees should be offered specialized training and education about certain people the association supports who may be aggressive or violent. The belief that workers want to be trained to deal with certain individuals suggests they realize they are working with certain people that have specialized needs. This point is important because workers believe they can

respond to certain behaviours if they are armed with the proper information and re-directing techniques for potentially aggressive people. One worker blamed the organization for not providing sufficient information and training to its employees for the clientele that the association accepts into their programs. The respondent suggests:

Maybe more training on disarming initial behaviours. Diffusing the situation and bringing it down. Possibly some more training. I think that the association needs to provide training in all areas....autism...any disability that the children have. I mean I knew absolutely nothing about autism. I had to look it up on the InterNet, talked to people, before I could actually get a feel for it. Maybe some training with the aggressive behaviours. It will never alleviate them, but maybe it will bring them down. (Int. 16)

It can be assumed that if workers are given the proper information and training for all clientele the association accepts into their programs, workers may then be able to identify and curtail certain behaviours of violent clients before they occur. Providing sufficient training may indicate to workers that the administration is serious about reducing violence in the work place.

### **Increase Management Involvement at the Work Sites**

Almost every respondent felt that there was a lack of management presence at their work sites. Many workers felt abandoned because there were no managers there to ask questions of. Some believed financial cutbacks forced their

managers to increase their work loads by absorbing other work sites. This diminished their presence when it was needed. There was consensus from almost all workers that managers need to be at the work site and need to be quickly accessible, especially in times of crisis.

The key to any change has to be communication. The second thing is that management has to get out there. When somebody says to a manager "look, this situation scared the hell out of me"..you know the manager is responding 3-4 days later. I think the managers need to be in those situations. These situations DO scare the shit out of you...you know, some of them that come up are extremely scary. We shouldn't have to be calling the beeper and waiting 15 minutes. When there is a situation where somebody is in danger of being hurt, we should be able to pick up a phone and have somebody there within moments. That's the only way management is going to understand what's happening out there. If management isn't willing to be coming out that quickly, then we should be calling police...you know what I mean? The front-line staff is left out there with no support...I mean it's just that simple.  
(Int. 4)

Employees felt that the increased presence of managers at the work sites would allow them to be more "in-tune" with the serious issues at hand. Respondents believe that if managers and directors are truly concerned with employee's needs they must increase their involvement at the work sites in order for them to understand what workers are going through. As one respondent said:

Our manager needs to be more involved with the employees and on the weekends. We see the manager maybe once a month....she stops in and says "hi." I think sometimes she needs to take time out of her schedule and work a shift and see what it still feels like to be in the trenches. I think that she doesn't have as good of a feel as she used to do when she did in-home

working. Now that she's out of it and only does paperwork and does other things, she no longer goes to the trenches to see what really happens, which I think everyone (mgrs) should be involved in to keep up her (theirs) practicality skills of everyday working with them. (Int. 9)

Employees therefore believe that increased management involvement on site is the key to reducing work place violence. Whether this is true or not remains to be seen. What is important is that interviewees believe that increased involvement by managers at the site will help them understand the needs and wants of the workers.

## **CHAPTER 10**

### **DISCUSSION AND CONCLUSION**

The results of the current study show that the impact of violence and aggression on community living support workers due to deinstitutionalization is critical. It shows how violence affects their work and personal lives, the clients they support and other individuals in society as well. Certain themes, such as the employees' perceptions of the effects of the deinstitutionalization process, isolation at work, financial cutbacks, gender differences and management control emerged from the study. These themes shed light on the reasons why workers maintained certain perceptions and beliefs, why they resorted to using certain coping strategies and what they believed should be done to reduce work place violence.

Community residential programs such as the ECACL evolved in 1961 as a result of the deinstitutionalization process. While the intent of deinstitutionalization was to "normalize" mentally challenged individuals into society, it created problems from the perspectives of the staff and clients. Workers recognized that management has not been willing to deal with certain worker concerns such as extra staffing, use of emergency services, pay, debriefing programs and manager involvement in the work place which, in effect, impacted the health and safety of the people they

support. The deinstitutionalization process has also had serious implications with regard to gender. Because the staff is overwhelmingly female and the client base is fifty percent male and fifty percent female, there is a disproportionate ratio between the staff base and the client base that presents problems for the workers.

Respondents spoke about working in deinstitutionalized settings like the ECACL and how it affected their work lives. Some of the issues that were talked about are not often recognized within other fields of health care, such as nursing. Nurses, while exposed to a fair amount of violence in institutionalized settings, have access to particular resources such as extra staffing and emergency services such as the local police. They do not have to resolve the problem of violence strictly by themselves. They can call on extra staff members to come to their aid, although financial cutbacks are starting to affect staffing of nurses in institutionalized settings. While Poster and Ryan (1994), found that nurses believed their institutions were not properly equipped and adequately staffed to safely manage aggressive or violent psychiatric patients, nurses still had resources to cope with their patients.

Interviewees in the current study believed they did not have access to these kinds of resources and were often left alone to deal with highly problematic and sometimes violent people. Respondents knew they were placing themselves at



risk and admitted this throughout the study. Because they believed they had neither the staffing nor permission to call for outside help when certain situations with aggressive people started to get out of control, employees had a fatalistic view about dealing with the problems. Community living workers had less staff to deal with aggressive clients and believed that calling emergency services, such as the police, was discouraged by the administration. Without the use of emergency services the problem of trying to deal with violent clients became more stressful and traumatic for employees. Workers had to find ways and means to respond to violent clients at their own locations as well as find ways of coping with the violence such as relying on peer support for comfort and/or taking time off from their work. As a result support workers believed they were more likely to be victims of assault. This study supports Flannery's (1994) findings. He found that community residential staff were more at risk for assault than hospital staff because they had less access to emergency services such as the police. Employees at the association had broader definitions of violence when compared to employees within institutions simply because of the way that the residential programs are staffed, structured and the kinds of clients they schedule into these areas.

The problems associated with the deinstitutionalization

process do not just affect workers but also the clients they support. Workers believed they were not well protected and that they were therefore subjected to all kinds of threats and acts of violence and they also believed that their clients were subjected to the same kinds of situations. Respondents expressed serious concerns for the safety and well-being of other clients in the homes simply because there are not sufficient staff and resources to properly care for mentally challenged individuals. Respondents talked about innocent bystanders who became victims of abuse from other violent clients in the home. Several people in the study expressed the belief that, when there is less staff to contend with more clients, the probability of client to client aggression and violence increases. This implies that, if the association continues increasing the client to worker ratio, the incidents of violent acts will escalate. Without the proper resources such as additional staff and the availability to use outside emergency services such as police, the impacts of violence on other clients could be severe. Aside from the fact that there are no debriefing programs available for staff there are also no debriefing programs for clients. The consequences of assault that affect workers, such as the posttraumatic stress syndrome, will similarly affect people with disabilities.

Another aspect of deinstitutionalization is the effect this process has on people in society. While most of the

individuals at the association are non-violent and non-aggressive, there are clients who pose serious threats to the safety of every day citizens in society. Workers expressed concerns about the administration's decisions at the ECACL with respect to admitting certain clients into their programs. The administration's decision to accept some clients from institutions who are prone to certain sexual behaviours was viewed as irresponsible. Respondents believed that these individuals should not be accepted into community living settings. According to respondents, these clients negatively impact workers and other clients and also present serious threats to the health and safety of others in society. As one worker noted:

(Certain) individuals have a sexual disorientation or sexual problem where (they're) putting the public at risk because they have tendencies to abuse certain individuals in the public. And they're in situations where they shouldn't be placed...where they're put at risk...THAT HAPPENS. We've done nothing to keep them safe and keep the public safe by housing them in certain situations....whether it be public housing situations or apartment type settings where they may be children and that 'burns my can' because I'm a father...I have children...I wouldn't want anybody's kids to be subject to that or other people in the general public being exposed to it...what have you. Those are legitimate concerns...they're few and far between but they are concerns....and that's poor planning. (Int. 12)

The fact that some workers believe certain mentally challenged individuals should not be accepted into community living programs is a significant one. It carries with it certain implications that suggest the process of

deinstitutionalization and the structure of some residences may severely impact innocent bystanders in everyday society. Perceptions such as these lead to moral and legal questions such as "do we accept ANY person with developmental handicaps into residential programs?" and "do we allow them into these programs knowing that they may cause serious bodily harm to people?" These questions will be answered over time, however, it must be noted that employees in the study seemed to know the answers already.

Respondents discussed certain factors they believed would reduce work place violence such as listening to workers' concerns, consequencing violent clients, educating managers and support workers as well as increasing management involvement at the residence. However, workers believed serious bodily harm could happen to almost anyone, given the methods employed by the administration due to the current deinstitutionalization process. These central issues, as mentioned by the respondents, recognize the significant effects of the deinstitutionalization process on employees, clients and individuals in society. The community support work situation therefore certainly needs extra attention.

Another theme that came from the study was the fact that most workers believed they must deal and cope with work place violence by themselves. Because respite homes are situated in communities with few staff to monitor the

residents, certain dynamics occur that force employees to work with many clients, some of them violent, by themselves. In effect, workers were isolated from coworkers who could come to their aid when violence occurred. Workers not only worked by themselves but they felt isolated because managers were less likely to be available in times of crisis. Unlike nurses, community living support workers are quite often left alone to deal with many clients at one particular time. Because employees work alone and believe they cannot call police for support, they expressed feelings of insecurity and fear because they did not have sufficient backup or support. At times, employees felt their lives were at risk. Both female and male employees believed the ECACL has placed limitations on essential resources such as training, management involvement, extra staffing and use of outside emergency services. In turn, workers had to resort to certain coping strategies such as peer support or fatalism in order to accept their realities. Respondents believed that the deinstitutionalization process in the mental health sector has not only forced agencies to broaden the range of problematic clients that they will accept but it has increased the chances of physical harm for employees by placing them in vulnerable situations working by themselves. Employees experienced feelings of fear, anxiety and apprehension when working alone with potentially violent clients even though a beeper service is available. However,

interviewees believed the beeper service was inadequate and did not meet their needs in times of crisis.

Newhill (1995) found that social workers perceived a sense of their own mortality after a violent episode. In contrast, most support workers did not believe their lives were jeopardized to the point where they actually believed they would die as a result of a physical assault. This is an interesting point, considering the fact that almost all respondents had worked alone, at one time or another, with very violent and aggressive individuals. Only a couple of community living support workers actually believed they would die as a result of violence and these employees tended to minimize their sense of mortality. Respondents felt that clients were only using idle threats. This is an important difference between social workers and community living workers because it shows that each group had different perceptions of their work lives despite the fact that they worked with relatively the same kinds of clients in the same kinds of contexts.

Another difference between social workers and community living support workers is their perception of themselves as professionals. Most social workers certainly would consider themselves as professionals in their line of work. Nurses also view themselves as professionals. This perception occurred due to a gradual transformation within the nursing field where the role of nurses has advanced from that of a

subordinate service occupation into a sophisticated and more specialized profession (Wotherspoon, 1994: 570).

As defined in the Webster's New International Dictionary, a professional is a person who is engaged in one of the learned professions or in an occupation requiring a high level of training and proficiency, characterized by or conforming to technical or ethical standards.

Professionalism is an important issue because it is important to understand whether support workers feel there are certain standards that need to be followed and whether they feel they are in a position, given their professional status, to defend those standards. If professionalism entails principles of service guided by ethics then the results of the study show that employees do not consider themselves to be professionals.

Many interviewees mentioned that they went against certain ethical principles they normally stand by. For example, respondents in the study admitted they placed themselves in dangerous situations by working with violent clients when normally they would not do so. Some employees believed they should not work with violent people when they are pregnant, but continued to do so despite their own personal moral and ethical beliefs, placing themselves and their children at risk. Since respondents believed that they were not working by a certain code of ethics it proved that they could not see themselves as professionals.

Employees also believed that the association did not act professionally when dealing with front-line workers, especially after a violent occurrence. This was evident in the interviewees' views about managerial response on the Serious Occurrence forms after an act of violence took place (refer to the section on blaming the worker). When an employee is not treated professionally, they tend to not consider themselves as professionals.

With respect to pay, it was evident that employees did not classify themselves as professionals because they did not feel that they were paid enough money in light of their level of education and experience. Support workers felt undervalued and expendable.

Respondents also believed that in order to successfully integrate individuals into society they must have the necessary resources such as extra staffing to accomplish this task. Employees believed that with additional staff, they could properly attend to each individuals' needs such as teaching social skills and finding employment. A professional would be allowed to make these assessments, have these resources at their disposal and implement the procedures. However, employees at the association believed they were not providing the kind of quality service to mentally challenged individuals. They believed they were not given the proper resources to successfully integrate these individuals into society. Therefore, did not view themselves



as professionals because they could not carry out the tasks they were hired to do.

Respondents also believed that sufficient support mechanisms, such as extra staffing or the availability to call the police in certain circumstances, are not in place. This implies that the administration did not take preventative measures to ensure the safety of their staff. In fact, workers themselves stated that their personal safety was in jeopardy. These dynamics have affected the morale of the staff, the employees' perceptions of themselves in terms of the level of control they have over their particular work place environment and the views of the families of support workers about the association. In fact, some spouses of employees actually met face to face with directors and managers to express their anger about subjecting their spouses to certain violent clients. Interestingly, where Poster and Ryan found that newer staff were confident their working environments were adequate to prevent assaults versus their senior colleagues, all interviewees in the current study believed their work sites were ill-equipped and understaffed thus creating a volatile working environment.

The consequences of financial cutbacks was another theme that came from the study. Workers believed financial cutbacks, either by the province or the association, affected pay raises, the placing of clients in certain homes

with other non-compatible clients and the lack of time for managers to visit their work areas. The main problem, however, according to workers, that resulted from cutbacks was the issue of under-staffing. Whether the issue was less staff to deal with more clients, or the inaccessibility of managers on site at the time of a serious occurrence, male and female respondents believed that a lack of staff due to financial cutbacks was a catalyst that caused serious injuries to both employees and clients. Almost all interviewees believed that, without the extra staff at residential sites, there would be more opportunity for violence against workers and other clients. This point was stressed by Newhill (1995) and Rey (1996) in the literature review. These authors found that when social workers and nurses were operating with less staff, increased case loads led to more incidents of violence, staff burnout and absenteeism.

There were also serious concerns with regard to the matching of some clients with other clients in the same buildings. The inappropriate scheduling of clients may be attributed to a lack of funding or may be the most expedient way to deal with certain challenged individuals. In any event, employees believed that the administration did not take into consideration the serious ramifications that would occur when matching violent people with other potentially violent people. Employees perceived that administrative

decisions to place violent clients in settings where non-violent clients reside was directly attributable to financial cutbacks. In effect, respondents believed that the lives of workers and clients were compromised due to lack of funding. Dangerous clients would affect their personal safety and well being as well as threatening the lives of other innocent and defenseless clients at the same location.

One issue that was discussed in the study was the need to give attention to certain clients who had special needs. As expressed by many respondents in the study, many challenged individuals have special needs and demand a lot of attention and time. Because there may be only one staff person attending to as many as seven clients at any given time, questions may be raised as to how much attention is given to a needy person. A person who has special needs but does not receive it could actually use violence as a means to communicate their displeasure for not receiving attention from staff. Conversely, if a staff member is giving a lot of time and attention to one individual, other clients may feel neglected and may even react through violence and aggression as a way of communicating that they have needs too. Again, financial cutbacks had direct negative consequences for both employees and clients.

Another central and important theme that came from the study was with respect to gender. Most of the respondents employed by the ECACL were women and the findings of the

current research, which have been confirmed by other studies, are that women have additional problems not experienced by their male coworkers. These include sexual harassment and concerns about working with violent clients when pregnant. An issue that almost all female respondents mentioned was that women support workers experience additional problems in terms of the amount of sexual aggression. Most women felt vulnerable when it came to violence and therefore violence had more meaning and definition in their lives. In their discussions about sexual harassment, many women support workers described how they had become targets, especially by male clients, due to their obvious physiological differences. Women feared overbearing male clients who had a past history of violence and their fears were further compounded when the issue of single staffing was mentioned. Women who worked by themselves with violent male clients felt helpless and defenseless when working with larger, more aggressive males. Sexual harassment of female workers was, therefore, a reason why female interviewees expressed a need for the association to hire more male workers. It makes sense that, when male support workers are dealing with sexually aggressive male clients, the incidences of sexual harassment decrease.

Women included sexual harassment in their broadened definitions of violence. They believed sexual harassment brought insurmountable levels of stress that were unfamiliar

to men. This raises concerns for the organization because the association is primarily staffed by women. Female workers may lay criminal charges against clients for sexual assault and women may also decide to resist management's request to work with certain sexually aggressive individuals. Women in the current study were apprehensive and emotionally upset when discussing experiences of sexual harassment by their clients. Female support workers believed sexually aggressive clients should not be accepted into the association and, if they are, that male support workers should work with them instead. This raises an interesting point; it is usually women who do the care-giving work in our society and male support workers are in short supply. Therefore, until more men are hired by the association, sexual harassment for women will increase. The fact that most women in the study experienced some form of sexual harassment and/or sexual assault is also an indicator that there is no support from the administration when it comes to providing safety for female workers. Women will continue to be targets of harassment and assault until support is offered to them either by displacing sexually aggressive clients from the employee's work site or by supplying extra male staff.

Working with violent clients while pregnant was another defining aspect of the study. Male workers did not define violence in terms of assault and aggression when pregnant

but almost all female respondents did. Pregnant women felt that acts of aggression and violence left them at a physiological and emotional disadvantage compared to male workers. The fact that women had to defend both themselves and their unborn child when accosted by violent people was an inconceivable notion for men. Working with violent clients when pregnant brought added stress and fear for women. Some employees expressed feelings of disgust when they talked about their perceptions of the administration's lack of "flexibility" in their delegation of work to pregnant employees. Employees believed that the administration should take necessary steps to protect pregnant women and their unborn children.

The majority of the respondents in the study were female and there were situations where female workers were either exposed to violence when pregnant or heard about other cases of violence involving pregnant workers. Four of the interviewees had worked with violent clients while pregnant and the other interviewees (including one male) had concerns about the health and safety of pregnant employees when working with violent or aggressive clients. Interviewees who had experienced violent acts while pregnant expressed fear, anger and outrage toward the client in defense of their unborn child. It was at this juncture, when working with violent clients, that these women felt like striking back at the client. However, female workers believe they have no

power or control over their dilemmas because the administration frowns on workers striking clients in self-defense. Many have decided to simply accept the violence as "part of the job."

The fact that female workers who are pregnant must work with violent people raises serious problems for the association both legally and morally. On a legal note, if a pregnant female worker loses her child due to work place violence, the association may face a law suit for placing the worker in a dangerous situation. Morally, the association may have to contend with scrutiny from the public if it becomes known that the health and safety of pregnant women and their unborn children are compromised because of violent clients.

As the numbers of potentially violent clients grow within the organization due to the deinstitutionalization process, pregnant female workers will be at risk especially as client to worker ratios increase. Based on the findings of this study, future financial cutbacks and reduction in staffing will probably create more problems for pregnant women. Because the organization is primarily female, there is a high probability that women will continue to be targets of sexual harassment. They may also be forced to work with violent and potentially violent clients when pregnant.

If this problem persists, however female workers may resist working with violent clients or they may decide to

protect themselves either by striking back at clients or calling the police to aid them in crisis situations. In either case, female workers will continue to be targets as long as their concerns about issues such as client scheduling and extra staffing are dismissed by the administration.

Another interesting point with respect to gender is work place inequality. The fact that the majority of employees at the association are women who work at jobs that are similar to domestic tasks such as cooking, cleaning, housework and caretaking, is no accident. Women have traditionally been placed in the position of "caretaker" and "nurturer" due to socialization and training and usually end up working in areas such as education and health. They become victims of occupational segregation which is prevalent in our society where men and women are categorized into particular and very distinct gender roles.

Richmond-Abbott (1992) notes that gender roles usually contain specific personality traits where women are characterized as nurturant and dependant whereas men are assertive and independent. Gender roles are then attached to social positions ie. women as nurses and volunteers, men as soldiers and politicians. Women in our culture are considered better at certain jobs such as school teachers and social workers because these are the kind of positions that involve nurturing and sensitivity (Abbott-Richmond,



1992: 5). In effect, sex segregation runs rampant in the work place.

Reskin (1992) mentions that sex segregation occurs due to the assignment of certain jobs based upon a worker's sex which is a "mainstay in preserving larger systems of inequality." Reskin notes that sex segregation contributes to the gap in earnings between men and women and reduces the chance for benefits, access to medical insurance and pensions. It also relegates women to jobs of absent career ladders and negates women's opportunity for promotion (Reskin, 1992: 69).

Sex segregation in the work place is relevant to the current study due to the fact that women are hired primarily because they fit the model of the 'sensitive nurturer.' A support worker is more likely to be female, hired on a part-time basis, receive low pay, no benefits and have minimal opportunity for upward mobility within the organization. Since women experience task and rank segregation in this area of human services they are less likely to challenge authority and more likely to perform tasks deemed as 'feminine' such as changing diapers, cooking, cleaning, and washing floors. The fact that over 95% of workers at the ECACL are women not only validates that the role of support worker is 'feminized' but that individuals who apply for these positions must fit this gendered criteria. They must fit the 'nurturer role' which

thereby perpetuates the masculine and feminine dichotomies of the work place. In order to address this problem, the association as well as other organizations must take the proper steps to eliminate gender inequality in the work place. However, since social norms and constructs have taken centuries to evolve it may be quite some time before equality in the health sector is realized.

One of the most important themes that evolved from the current study was with respect to management support. Both male and female employees believed that when violence occurred in the work place, management did not give them sufficient support. This became evident especially when workers discussed managers' comments on the Serious Occurrence forms and the absence of managers at work sites during times of crisis. Both male and female employees felt that the administration blamed them when violent situations occurred and that the managers and directors were too far removed from the front-line to understand the realities of the workers' day-to-day problems in dealing with violent and aggressive clients. Poster and Ryan found that female nurses were blamed more than male nurses for letting clients become violent or aggressive; this was not the case in the current study. Both male and female support workers felt equally blamed by the administration for clients' aggression. This became evident in responses on the Serious Occurrence forms. Most of the interviewees perceived the comments as negative

and blaming the employee. Only a few workers perceived the comments as constructive, however, most respondents also believed that the comments were reflective of the manager making them. Some respondents claimed their managers were positive and supportive but that some senior and/or upper directors were negative because they were too far removed from the front-line staff. Where Poster and Ryan found nurses blamed each other for acts of violence, community living workers did not blame each other. In fact, community living workers and coworkers stated that peer support was the primary way of coping and one of the main reasons why they remained at the association. Whether these perceptions were the result of the deinstitutionalization process or not, employees felt dejected, shamed and not supported by their managers and directors.

Because there are no debriefing programs made available to employees, most respondents saw the absence of programs for victims of assault as a sign of a lack of support from the administration. The belief that employees could not use outside services to deal with violence, as well as an absence of managers on-site led many workers to feel they could do nothing to reduce the amount of client violence in the work place.

One of the central facts that came from the study was that employees perceived the problems at ECACL were directly related to management and issues related to management

control. Workers at the association believed management had total and absolute power and control over every aspect of the employees' work days which left many workers feeling despondent and insignificant when it came to employee input on matters such as support plans and client scheduling. Respondents believed they had no voice when it came to addressing issues in the work place because of highly structured policies and procedures and support plans. Even though it appeared the policies of the organization were intended to help the clients they served, respondents felt overwhelmed by too many policies and procedures that seemed unclear to them. Two workers stated that:

Everything has to fall in line and you have to make sure that you are following the policy and procedures. If I had that many policies and procedures in my home, I wouldn't get anything done. And that's what I mean by bureaucracy. However, I understand that they have to have some kind of guideline in place but not to the point where there is a policy for everything. Everything has something defined as...but it's THEIR definition. (Int. 2)

I just think that the support plans keep changing so much...they (admin) really don't know what they are doing in dealing with this. I'm sorry, they may be social workers but, in a lot of cases, they don't know. You might go on vacation one week, come back, and the policy toward their behaviour has changed. I realize that nothing should be written in stone, but it makes it really difficult when things are changing constantly. (Int. 5)

Employees believed that the administration exercised too much control over its employees and that administrators did not do their job with respect to which clients were

eligible for community living option and respite programs. Support workers believed that the administration did not take enough precautions with respect to the clients that they accepted into their programs, and therefore believed client to client aggression would escalate as a result. Employees believed management did not take the time to carefully review a client's psychological profile before admission. This is probably due, in part, to the fact that community living programs must assimilate all clients due to the deinstitutionalization process in Ontario. Because extra funding accompanies clients when they leave institutions, organizations like the ECACL are quick to admit these clients. Respondents believed that the administration did not listen to support workers when they noted that certain clients did not "fit well" with other clients. Employees had certain negative perceptions about the ultimate goals of the association because they felt that the ECACL will accept anybody and everybody despite the fact that it may have serious consequences for support workers and other clients in these homes.

Because workers believed they had no control over their environments and no support from the administration, many employees resorted to using different coping strategies when trying to deal with violence. While respondents used single and multiple strategies such as absenteeism, humour and fatalism to deal with violence, both male and female support

workers depended heavily on peer support as a means of debriefing and venting after a violent episode. I believe the support that interviewees received from each other may have helped employees divert or at least minimize the residual effects of violence and aggression such as Posttraumatic Stress Syndrome. Workers felt that talking with peers also helped them to make sense of some of the problems that they saw. Through interaction with coworkers, respondents could share with each other about what they viewed as fundamental problems at the agency such as the acceptance of violent clients who should not be admitted to the association. They could also deal with the realities of under-staffing and discuss strategies to cope with violence.

There was no indication in the study that workers blamed each other. If anything, there was a good probability that workers blamed themselves because they felt blame from the administration. While respondents resorted to different methods of coping, however, most employees believed their situations were futile. Employees resigned themselves to the reality that they could do nothing to change the current working arrangements. Interviewees believed they had neither the power nor the control over the main causes of the violence. Even though workers believed they could not change their current situations most workers believed certain preventative measures should take place in order to deal with violence. This could lead to problems for the ECACL.

Because workers have learned how to cope with violence strictly by themselves they may eventually begin to resist management in some subtle and even some direct ways. For example, support workers may begin to challenge management by refusing to work at sites where violent clients reside, demanding extra staff or calling in sick. Employees may also decide to collectively strike.

Results of the current study indicate that support workers who are injured by acts of assault are in dire need of counselling and debriefing programs. Most interviewees noted that there were no such programs available to them at the association after they were accosted. Poster (1996) showed that 'critical incident debriefing' programs aimed at the entire nursing team were crucial when trying to alleviate stress responses. Since debriefing programs are useful when trying to deal with symptoms related to stress, such as Posttraumatic Stress Disorder, it may be assumed that many support workers suffer long term effects due to acts of violence. Without any professional debriefing and counselling programs in place at the association one can only speculate as to how victims of verbal and physical assault actually recover from such incidents. Both nurses and respondents in the study shared similar feelings about the need for debriefing programs in order to deal with the emotional and physical consequences of violent acts.

### Why do employees continue to stay?

After listening to sixteen employees from the association describe their beliefs and perceptions about working with violent clients, I had to wonder why workers would continue to stay. I found that workers constructed themselves as helpers and that they felt they had to help underprivileged individuals such as the mentally challenged. The construction of workers as helpers is very important in terms of how they rationalize their continued employment with the association. It is the single most important element that counteracts all the other negative perceptions that workers have regarding the association. The problem, however, is the helper ideology is difficult to sustain because nothing else in their work lives supports the ideology. For example, their friends and family are telling them that they are crazy for doing this kind of work. Respondents perceive that management is not giving them any respect and that the pay is lousy. Clients are spitting at them as well as hitting them and threatening their lives. Despite these negative elements, however, almost all workers have maintained the helper ideology in order to develop their sense of worth, meaning and satisfaction. The following two interviewees are good examples of how the helper ideology reflects their sense of self-worth and shows that working with mentally challenged people is intrinsic to



them:

You find it satisfying in areas where you can see the individuals achieving their goals...that's where the satisfaction is. It may range from anything that they understand: how to write a cheque, to listening and maybe reiterating what you may have said to them the day before...that they actually listened and were able to absorb it and maybe talk to you about it again. That's really satisfying. Because at least you're not just banging your head up against the wall. The other areas that you find satisfying are watching them grow and that can be in little things. (Int. 2)

I find it satisfying. I like what I do now. I enjoy the ladies. I enjoy helping them prepare for a life on their own...in an apartment. I'm trying to teach them life skills...what they don't learn...the things they need to learn at home. (Int. 5)

The workers' construction of themselves as helpers or community workers was a significant contribution to the study because this ideology helps to explain why employees continue to work in violent work areas. While the helper ideology partly explains why the majority of support workers continue to remain on the job, and have done so for a substantial amount of time (average number of years of seniority was 4.85 yrs) it is not the only reason why they stay.

I found that the respondents' definition of violence determined whether employees decided to continue on as support workers. Employees had both narrow and broad definitions of violence. Individuals who maintained narrow definitions of violence believed that violent acts occurred very seldom and that violent clients were viewed as 'part of

the job' for support workers and they did not contemplate leaving. Workers who maintained broad definitions were most likely to believe that violence occurred quite often at the ECACL, that their lives could be at stake and therefore entertained the notion of quitting. The study showed that most workers believed violence occurred quite often and was severe in many cases. However, I found that there was not a concerted effort to improve their working conditions and that most workers depended on peer support to sustain them through times of difficulty.

The workers' method of coping with violence was another reason why workers decided to remain with the ECACL. The study showed that most employees depended on each other, believed they were "in the same boat" when it came to violence and could all handle the issues together. Through peer support networks, employees noted that they not only debriefed each other but that they comforted and counselled each other after an event. There seemed to be a strong cohesion among the employees, especially when they were faced with problems. Peer support helped workers remain at the job because they all believed they could handle it together. Employees could rationalize why they were working in violent and sometimes life threatening situations. However, while employees could bond with each other through the peer support mechanism I found that they made little effort to improve their environment.

The reality of the current job market is another reason that some people remain committed to the job. For some workers it is virtually impossible to find another job. Because of this fact, workers continue to place themselves at risk by working with violent clients. Nelkin and Brown (1984) noted that most people accept danger and risks in their work because they simply need a job. This may be the case with employees in the current study. Announcements of layoffs in all areas of work due to provincial financial cutbacks or organizational restructuring in industry may leave employees feeling that they have no alternative but to work in their current jobs as support workers.

On a final note, the purpose of this thesis was to look at worker's responses to violence. Nothing in this study suggests that clients should be re-institutionalized but that certain changes should occur within the work place. These changes involve implementation of necessary procedures which will result in quality of care for the client and successful integration into the community. The present research must be considered a stepping stone in the development of our sociological and phenomenological perspectives of community living support workers as well as the health and welfare of mentally challenged individuals.

## APPENDIX A

### INFORMATION & CONSENT FORM

I am a student at the University of Windsor presently working on my Master's Degree in Sociology with a special emphasis in Work. The research that I am involved in examines the relationship between violence and aggression and the community living support worker.

Your participation in this research, specifically the following interview, is completely voluntary. You may refuse to participate and withdraw from my research at any time. The interview will involve a number of different types of questions posed to you, such as questions regarding your experience with violence or aggression in the work place as well as questions on beliefs, concerns and coping methods. Anonymity and confidentiality will be guaranteed. Your name will not be used and the information you provide will be presented in a way which prevents identification of sources. The interview will last between one and two hours and will be tape recorded to ensure accuracy in transcribing the interview.

This research has been approved by the department of Sociology and Anthropology Ethics Committee. Questions or concerns you have about this project should be directed to the Head of the Department of Sociology and Anthropology at 253-4232 (ext. 2190) for referral to the departmental ethics committee.

If you have any further questions following this study you may contact me at 253-4232 extension 2191 by leaving a message for Brian Cogliati or by contacting Professor Hall at the University of Windsor. You may also request a copy of the results, as well as a full explanation of the research upon completion, by contacting me at the number noted above.

Having read and understood the following conditions I, the undersigned, volunteer to participate in the research performed by Brian Cogliati

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Participant's Name  
(Please print)

---

Participant's Signature

---

Date

## APPENDIX B

### INTERVIEW SCHEDULE #1

CASE # \_\_\_\_\_

"Before we start the interview, I would like to get from you some preliminary background information. Please remember that you may ask me questions at any time throughout the interview and all responses will remain confidential.

Date: \_\_\_\_\_

Time Start: \_\_\_\_\_

Male \_\_\_\_\_

Finish \_\_\_\_\_

Female \_\_\_\_\_

- A. Do you wish to have a copy of the completed study sent to you?  
Yes \_\_\_\_\_  
No \_\_\_\_\_
- B. Are you full-time, part-time or on-call?
- C. On average, how many hours per week do you work?
- D. Are you married, single, divorced, living common law?
- E. How long have you worked at the association?
- F. Upon hiring, what kind of diploma, certificate, training or equivalency was required from you ie. did you need a B.A., D.S.W.?

-----  
" As you know this study is concerned with work place violence and aggression I'll get to these issues in a few minutes. What I would like to address first, however, is how you generally FEEL AND THINK about your employment at the association overall. I have some questions about your overall work experiences that I wish to ask. Since this interview uses open-ended questions I would ask that you give me as much detailed information as you can about your overall views about your work. Note that some questions may become redundant as we go through the interview. This is common with qualitative interviewing. If they do, I will simply address them briefly again to see if you wish to elaborate."

Questions:

- G. Tell me about the work you do at your location.  
What exactly do you do?
- H. To what extent do you find your job satisfying or  
dissatisfying?
- I. What are some of the general problems you face in your  
work?
- J. In your opinion, what is the overall morale at your  
work; either at your particular site or anywhere else  
in the association? What have people been concerned  
about?  
What can be done to change the problem?
- K. What aspects of your job do you find most stressful?
- L. In your opinion, how do you feel the clients at the  
association are being treated?
- M. Do you believe that financial cutbacks, either by the  
province or association affects your job or the work  
place?  
In what way?...can you give me an example?  
How does it make you feel?
- N. How do you feel about caring for your client on the  
one hand but maintaining limitations on them, on the  
other?  
Does this create problems with clients? How  
Do you see this situation as an ethical dilemma?
- O. Do you feel safe in your working environment?  
Why or why not?
- P. Do you ever think or worry about violence, or the  
potential for violence or aggression in the work  
place?  
What do you think or worry about?
- Q. What do you think the differences are between how male  
staff handle people you support versus female staff?
- R. How concerned are you about violence and aggression in  
the work place?  
What does this tell you about the organization  
overall?

- S. How do you define violence? or, what behaviour is viewed by you as "violent?"
- T. Do you now, or have you ever, worked with either verbally or physically aggressive or violent people?  
When & how many clients?  
Are they predominately male or female clients?

\*\*\*IF NO: GO TO INTERVIEW SCHEDULE #2\*\*\*

"I will now be asking more specific questions about violence and aggression in the work place. Please remember that the intention of this interview to draw out as many honest, candid and descriptive answers and feelings as possible. Feel free to give examples and be as open and explicit as possible about your answers."

EXPERIENCES\*\*\*

1. What kinds of aggressive or violent behaviours were displayed, especially the FIRST incident?  
  
Can you give me an example for instance, from least to most extreme cases?  
How did you feel at the time?  
What type of weapons (if any) were used in the assault? Looking back, how do you feel now about that incident?
2. Do you (or did you), think or worry about the potential risk of violence before going on shift?  
What did you think about?  
How did it make you feel?
3. Do you feel safe about working alone on an overnight shift (either awake or asleep) in the same building as a violent client?  
Why?
4. Have you ever felt that your life has been threatened by the clients you work with?  
How does/did this make you feel?
5. Have you ever witnessed any aggressive acts toward coworkers?  
How does it make you feel when you hear about or see co-workers being physically or emotionally assaulted?  
What did you do at the time?

6. Do you ever talk about violence with other coworkers?  
What kinds of aggressive or violent acts have you heard them talk about?  
What are the main concerns of coworkers regarding violence?
7. What kinds of support plans or alternatives were in place when you were verbally or physically violated?  
For example is there a debriefing process?  
How long did the debriefing process last?  
How long do you think it should be in order for it to be effective.

Do you think they were effective?

\*\*\*COPING\*\*\*

8. How did you, or do you, deal with violent incidences?  
Did you ever want to strike back?  
Have you ever taken time off work due to aggressive clients?--this could mean LOA for emotional, physical and psychological reasons also. Why?
9. What kind of support did you get from management after an act of aggression occurred?  
Was it helpful?
10. Do you ever feel that management blamed you for the violent episode?  
How does this make you feel?
11. To your knowledge, how do other coworkers cope with violence?
12. How do you feel about calling in emergency services such as the police to assist you with a violent situation?  
Does management support intervention by police?
13. To you knowledge how do male staff handle aggressive clients versus female staff?
14. Do you take any substance such as alcohol, tobacco or medication to deal with problems at work?  
What type of substance?
15. Has management ever discouraged you from writing up a Serious Occurrence report?  
What reasons were given to discourage you from writing?  
How did their response make you feel?



16. What kinds of comments or response came back from administration on your Serious Occurrence Form after a violent or aggressive event?  
How did you feel about the comments?
17. What kind of support do you get from co-workers after an act of aggression or assault has occurred?  
Was it helpful?
18. How does working with aggressive or violent people affect your personal life? (apprehension or fear before or after your shift)  
What are the kinds of comments that come from your spouse or children about you working in potential aggressive work sites?
19. How has your work day been affected due to a violent occurrence?  
Does violence offset your workday?  
How and in what way?

**\*\*\*EXPLANATIONS\*\*\***

20. How do you view your job and your position with the association after a serious occurrence with a violent or aggressive person especially after the first time you were violated?
21. Do you feel that there is or was sufficient staff to cover shifts adequately at your work site?  
Why? or  
What could be done to change this situation?
22. Overall, do you feel you are getting enough support from management in your area of work?  
Why or why not?
23. What can the association do to alleviate violence in the work place?
24. ARE THERE ANY OTHER CONCERNS ABOUT VIOLENCE AND AGGRESSION IN THE WORK PLACE YOU WISH TO ADDRESS?

INTERVIEW SCHEDULE #2: FOR PARTICIPANTS WHO HAVE NOT WORKED WITH VIOLENT PEOPLE

"I will now be asking more specific questions about your views on potential violence and aggression in the work place. Please remember that the intention of this interview to draw out as many honest, candid and descriptive answers possible. Please feel free to give examples and be as open and explicit as possible about your answers."

\*\*\*EXPERIENCES\*\*\*

1. What type of aggressive or violent behaviours do you think clients at the association may display?
2. How would you feel about working with somebody who is known to be physically or verbally abusive toward you?
3. Do you ever talk about violence with other coworkers? What did you talk about?  
What kinds of aggressive or violent acts have you heard them talk about?  
What do you think are the main concerns of co-workers regarding violence?
4. How would you feel about witnessing other co-workers being assaulted?  
What would you do?

\*\*\*COPING\*\*\*

5. How do you think you'd cope if you were assaulted by a client?  
Do you think that you would blame yourself after an assault? Why?  
Do you think you'd want to hit or strike back?
6. Do you think that you would take time off work to deal with your thoughts and feelings?  
Do you think you might resort to taking drugs or alcohol?
7. How would you feel about calling in emergency services such as the police to assist you with a violent or aggressive client?  
Would management agree to this decision?  
What other forms of assistance would you use?

8. What kinds of support do you think the association would give you if you had been physically assaulted?  
What do you think about a "debriefing" process?  
Why do you think they would support you this way?  
What kind of support do you expect from your coworkers?

**\*\*\*EXPLANATIONS\*\*\***

9. As an employee, what would it mean to you to place yourself at risk when working with somebody who is potentially violent?  
How would you feel about sleeping in the same building as a violent client?
10. Do you think having care and control over a client's life may be a cause for aggression? Why?  
Do you think this is an ethical dilemma? Why?
11. Tell me what you think the Association and the union can do to make the work place a safer environment?  
What do you think may prevent violence in the work place?  
What are some things that management can do to alleviate or prevent violence in the work place?
12. Do you feel that there is sufficient staff to cover shifts adequately at your work site?  
Why? or  
What could be done to change this situation?
13. Overall, do you feel you are getting enough support from management in your area of work? Why or why not?
14. How is your personal life affected by the nature of your work?
15. What are some general concerns or issues that you have heard from other workers concerning their work?
16. As an employee, what would it mean to you to place yourself at risk and work with somebody who has a potential to be violent?
17. ARE THERE ANY OTHER CONCERNS ABOUT VIOLENCE AND AGGRESSION IN THE WORK PLACE YOU WISH TO ADDRESS?

Note: Some questions taken from Robinson thesis (1993) and from Cameron, Horsburgh and Armstrong-Stassen study (1997), University of Windsor.

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